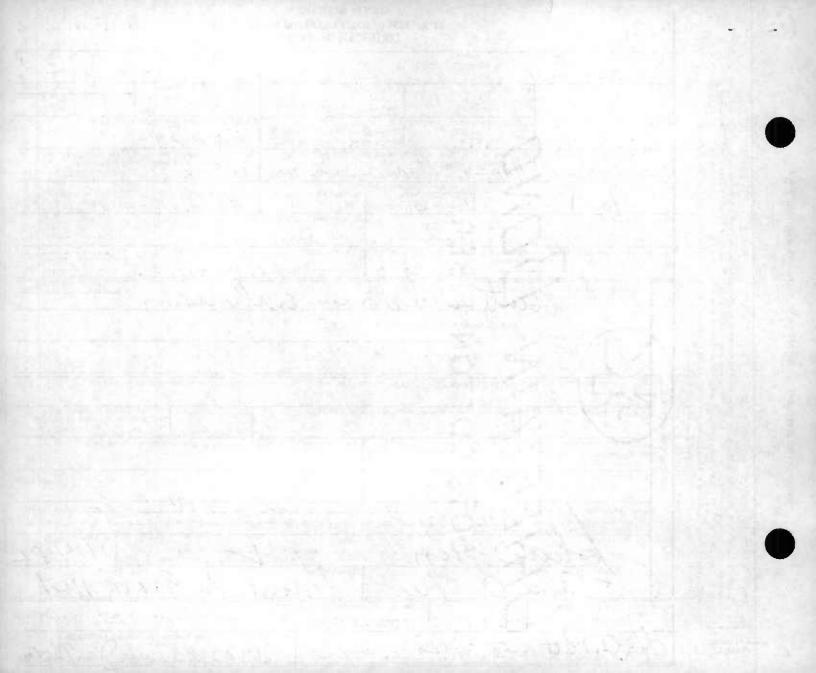
12		1-	FOR STATE REGISTRAR	DI	EPARTMENT OF H	EALTH AND MENTAL HY	REG. N		9 2 2
	may be		EASED NAME TOH!	A RACE	5. DATE C		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	HONTH DAY YEAR  1-14-8  THORY FLAGRE VE	2 2/10 M
•	death. Page 4	1	THPLACE TITAL OF FORESE POPULATION	76 CITIZEN OF WHAT COL	July  MARRIE  WIDOWE	1 1911  DI NEVER MARRIED C	HARFOR	R COUNTY OF DEATH	MD.
1201	by the table of	HAU	Y OR TOWN, OF DEATH	HARFORD I	MEMORIAL ADMINISTRA		Fish Marke	WORKING LIFE INDUST	or nusiness or rv lf-Employed
MARYLAND 2120	within 24 housely filled in d 2 should be mainer brooks	134.5	TATE / / NW COU	CIL PART	- DEPOSIT	134 INSIDE CITY LIMITS? YES □ NO ☑ 15. MOTHER'S MAIDEN N	AME MOOLE	ea Hams	TAN
BALTIMORE, MAI	executed w		AS DECEASED EVER IN U.S. A	J. Abra	hams ALSECURITY NO.	Elizabeth 17 INFORMANT	J. Abrahams	Archd	tlett liocese of timore
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTI	that the death certificate by the attending physicial care termone carbon papers of cremation, or removal is other traumatic event, the		PART L DEATH Enter PART L DEATH WAS CADS IMMEDIA  Conditions, if ony, which gove rise to immediate course (a), starting the underlying course last.		NSEQUENCE OF	nay en	nholisi	m)	CONMAND HATEVAL
L RECORDS, 20	he law requires an. has been upned permit. Then plu ene prior to blirr aws any mjury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT	196, CONDITION FOIL			MINAL DISEASE OR CON  104 AUTOPSY?  YES NO	THE IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED
ISION OF VITA	3 PHYSICIAN: The intending physicic physicians are this certificate the burial-transit and Mental Hygis and Mental Hygis and are them 18 should be a second physicians and physicians are also physicians and physicians are physicians and physicians are physicians and physicians are physicians	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE	EATH HOUR A.M. MON		216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJL		
Ald	OR ATTENDING e haspital ar a DIRECTOR: Afte ched far use as Dept. of Health Hem 21 is mark		220.1 certify that (1) (this has	1 14-	h. 19 3 a	nd that in (my) (aur) apinion DEGREE	/MEDIEAL _ STA	22c. D.	the causes stated
	TO HOSPITAL retained by the TO FUNERAL should be deto with the Store IMPORTANT: H		22d PHYSICIAN'S NAME (TYPE	N.D. Y	23c. NAME OF C	PHYSICIAN  224 ADDRESS  EMETERY OR CREMATOR	Y 23d. LOCATION /	grais,	Mel
	BP DHMH-16 30M 2/80 (VRA 15, 4)		Burial  WERAL DIRECTOR  A. Patterson		2 Hopewer yville, N		Port Depo ATE REC'D. BY REGISTRAF JAN 26 1982		Mary Tand

. . . . . . . . . . . . .



1					STAT	E OF MARYLAND		0 0	0	1 3	12	. 2
	1.	FOR STATE		DEPA		EALTH AND MENTAL	HYGIENE	0 4	U	1 7	60	2
		REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.			
		CEASED NAME FIRST	N	NIDDLE		LAST	20 DA	ATE OF DEATH	MONTH D	AY YEAR	26 HOUR	c-6-
		LISA	· M	ARie	15	AVEC		JA	N. 9,	1982	5-	AM
	3. SEX	x	4 RACE		5. DATE C		6. AGI	E (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24	
		Female	whit	e	Oct.	25, 1974 YEAR	7		YRS.	ON1H5 DAYS	HOURS	MIN.
E		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF V	VHAT COUNT	RY?	D NEVER MARRIED	X 9. BAL	TIMORE CITY O	R COUNTY	OF DEATH		
		ryland	USA	10,110	WIDOW		0 1	HRF	ORD			MD.
1	10. CI	ITY OR TOWN OF DEATH		OSPITAL, NUI		OR OTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST OF		12b. KIND OF	F BUSINES	SOR
X	HA	URE de BRACE	HAR	FORD	Memo	VIAl Hose		ıdent		School		
0	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		GIVE RESIDENCE BE		134 INSIDE CITY LIMIT		REET ADDRESS				
5		ryland Harfo		Joppa		YES NOX	150	07 Clayt	on Roa	.d		
ed.	14. FA	ATHER'S NAME				15. MOTHER'S MAIDEN	NAME		116			
50		Fred Ler	MIDDLE	Barge		Barbara		Ann		Blackby	ırn	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL S	ECURITY NO.	17. INFORMANT	-	ADDRE				
1	no		E WAR OR DATES)	214-80	-32 80	Barbara A.	Barge	e, Joppa	, Md.			
		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (o), (b)	) and (c).)	•				APPROXIA	MATE INTERV	AL
	10	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY: E CAUSE (o)	Cardi	noulmon	name Arres	st			W. Friedrich	MOET AND DE	-
		1289 IMMEDIA				massix	4	V. U.S		With	in 2	ula
		Conditions, if ony, which	DUE TO, OR	Om OIL	QUENCE OF	Right 1	una /	leto lu	N	,,,,,,		7 -9
		gove rise to immediate	(6)	Friday	-	- Jugar	ang I	7	1			
		couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSE	QUENCE OF	enia la	. 41 .5	phicem	in			
-34		PART 2 OTHER SIGNIFICANT O	(c)	NITDIDITING	TO SEATH BUT	NOT RELATED TO THE T	TERMINIAL D	ICE ACE OD CON	DITION CIVE	NI IN DARY 1/-		
39	N	PART 2 OTTER SIGNIFICANT	ONDITIONS CO	MIKIBUTING	TO DEATH BUT	NOT RELATED TO THE T	IERMINALD	ISEASE OR CON	DITION GIVE	N IN PART 110	,,,	
10.0	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	ION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YES.	WERE FINDIN	GS USED	
	IFIC								IN CERTIFY	ING CAUSES	OF DEATH	?
1	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY		21c. HOW INJURY OC		NO NO	YES		NO [	
7		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.A	A. MONTH		The state of the s	CORRED (E	NIEK NATURE OF 11930	KT IN TIEM TO, PA	KI I OK PAKI 2)		
-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21s. PLACE C		19	211 LOCATION						
	ME		(AT HOME, STRE	ET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STA	ATE
		AT WORK	1		, ,		7 - 4		•	(4		
		22a. I certify that (I) (this hospi sow the deceased alive on		deceased fro		. 19	<u>\$2</u> , 10	7-5	, 1		that (I) (we	
		obove, (I) (we) (did) (did no		ofter death.		nd that in (my) (our) api	nion deoth o	ccurred on the di	ote and hour	-		ed
		226. SIGNATURE	12	~ VI	111	DEGREE ATTENDIN	IC MED	DICAL STAI	c	22c. DATE	SIGNED	
		mus	10000	IM		PHYSICIA	N DIRE	CTOR PHYSIC	IAN 🗌	1//	0/8	-2
1		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e. ADDRESS	100	1	11	1	51	
		C'hu/ Hon	IG KI	m	IN. D.	1140, 13	el 1511	Itue,	Ither.	Jeen, -	2100	/
		BURIAL, CREMATION, REMOVAL	23b. DATE	2	30 NAME OF C	EMETERY ON CREMATO	23d.	LOCATION		40000		
		Burial	Jan. 11,	1982	Cokesbu	ry U.Method	list	Abingdo	n Ha	rford	Md. STA	116
	24: FL	JNERAL DIRECTOR				25a.	DATE REC'E	BYREGISTRAR	REGISTR	AR'S SIGNA	URE	
		Howard K. McC	omas III	Ahan	gdon. N	id.	JAN 1	2 1982	none	Actor 1	344	

ອປໄດ້ IN I TE Long Land Vinnesco 91.01.01.01.01 217-26-0002 Leans 1. Jurul. 327 10 200-35-119 Regulation across returned lung duran 1/25/1 J2 [ Towns To 2 Unit 125 | Held to 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 1/25/1 | 1 hereing numeral stone, a. aberdeon, id., 21001-23-34 Herein

Howard K. McComas III, Abingdon, Md.

peners

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79

SECTIONAL SECTIONAL

Dundalk, MD. 21222

FOR

24 FUNERAL DIRECTOR

7922 Wise Avenue

DHMH - 16 50M 1/B1 (VRA 15, 4) Duda-Ruck, Inc

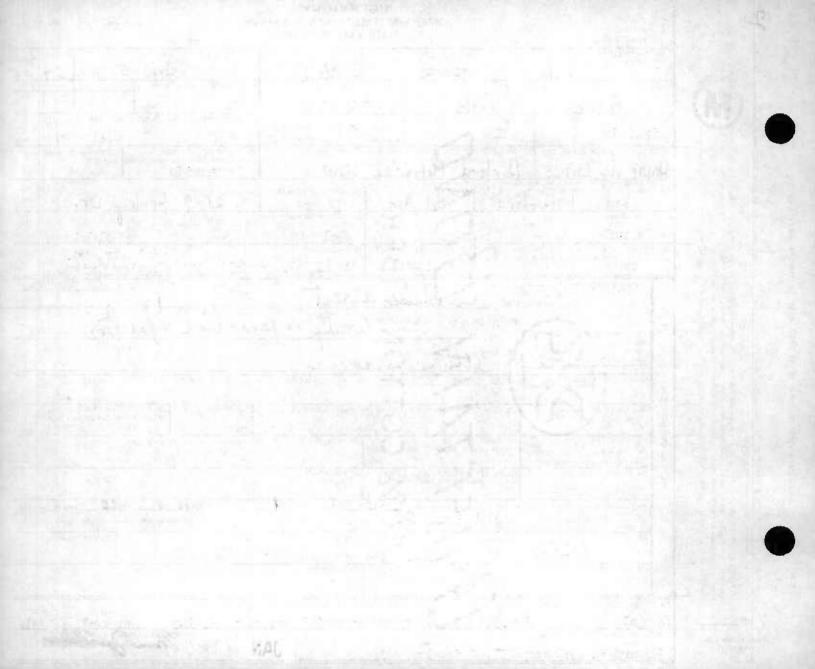
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			a d
		Salmar.	
	MICHAEL JOINS		
	F street in		
	and the same		
al talle			

	DECEASED NA	ME FIRST		WIDDLE		CERTIFICATE (	20. DATE KNOWN OF ESTI-	G. NO.	YEAR 26. HOUR
E,		ANDRE	W WII	TON	CA	RROLL	DEATH MATED		19 82 A
3.	SEX	4. RACE	5. DATE OF BIRTH		(IN YEARS IF UN		R 24 HRS. 2c. DATE  MIN: PRONOUNCED	MONTH DAY	7:23
NO L	male	Inegro	Sept. 2	1942 39			DEAD	1 1	19 82 D N
PRESTON	a. BIRTHPLACE FOREIGN COUNTR		76. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED X NEVER MAR	RIED U	TY OR COUNTY OF	DEATH
	Washingt O. CITY OR TOW		U.S.A.	SPITAL, NURSING I	WIDOW		TIZE USUAL OCCUPATION		MD OF BUSINESS
× 27			(IF NOT IN SUCH F	ACILITY, GIVE STREET ADE	RESS)		FOR MOST OF WORKING LIFE)	) C	R INDUSTRY
So	Fall	STON CE (IF IN NURSING HOME O	Fallston Control Fallston	on Genera	L Hospi	fal	Physician	Hos	pital
8 74	3a. STATE	13b. COUN		13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
AL AL	Marylanc		AKT	Joppa		YES NO L	The state of the s	urt	
70	FIRST		MIDDLE	LAST	_	Athena	D.S. Carroll		LAST
5	Andrew 60. WAS DECEA	SED EVER IN U.S. AR/		Carroll,	Jr.	Athence-	D. Sutton	RES Washingt	on D C
1	(YES, NO, OR UNK	NOWN) (IF YES, GIVE	WAR OR DATES) 5-7/4/77	578-58-			.S.Carroll, mod		
'  =		OF DEATH (Enter on				JACIEICE D	IIIO		APPROXIMATE INTERVAL
	PARTI	DEATH WAS CAUSED	D BY: TT	ndetermin		MAZZYKIN			WEEN ONSET AND DEATH
NA NA	79	99 IMMEDIAT	IE CAUSE (a)	R AS A CONSEQUE					Control of
STATE DEPARTMENT OF HALLH AND MENTAL HYGIENE, 7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		ions, it ony, which						1000	
SK .		rise to immediate (a) stating the <u>under-</u>		R AS A CONSEQUE	NCE OF				
Ž,	lying o	ause lost.	(c)						
			1 101						
	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED TO TH	NE TERMINAL DISEAS	E OR CONDITION GIVEN IN F	PART 1 io.		
		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED TO TH	NE TERMINAL DISEAS	E OR CONDITION GIVEN IN F	PART 1 (a).		
1		OF OPERATION		BUT NOT RELATED TO TH			PART 1 rail.	20	AUTOPSY?
1		OF OPERATION	19b. COND	ITION FOR WHICH			PART 1 (a).	20	AUTOPSY?
7		OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION W	/AS PERFORMED?	PART 1 (0).  RED LENTER NATURE OF INJURY IN ITE		
13		DF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF I	21b. TIME CHOUR A.I	ITION FOR WHICH  OF INJURY  M. MONTH DAY  M.	OPERATION W YEAR 21c. H	OW INJURY OCCURR			
3		DF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF L	21b. TIME CHOUR A.A	ITION FOR WHICH DF INJURY M. MONTH DAY	OPERATION W YEAR 19 OME 21f. LO	/AS PERFORMED?			
13	THE CATE OF THE CA	DF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF I	21b. TIME CHOUR A.A	TION FOR WHICH  OF INJURY  M. MONTH DAY  M.  OF INJURY (ATHO	OPERATION W YEAR 19 OME 21f. LO	VAS PERFORMED?  OW INJURY OCCURR  CATION	RED (ENTER NATURE OF INJURY IN	EM 18 PART I OR PART 2)	YES 😡 NO 🗌
3	WEDICAL CATION  190 DATE ( 190 DA	DF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF I	21b. TIME C HOUR A.I P.J 21e PLACE STREET, FAI	OF INJURY M. MONTH DAY M. OF INJURY (AT HOCTORY, FARM, ETC.)	YEAR 21c. H	OW INJURY OCCURR	RED LENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)	YES 😡 NO 🗌
3	WEDICAL CALL CATCH TO THE CONTRIBUTION TO THE	DF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF IT  OCCURRED  NOT WHILE  AT WORK	21b. TIME C HOUR A.I P.J 21e PLACE STREET, FAI	OF INJURY M. MONTH DAY M. OF INJURY (AT HOCTORY, FARM, ETC.)	YEAR 21c. H	OW INJURY OCCURR	RED LENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)  COUNTY	YES 😡 NO 🗌
13	WEDICAL CERTIFICATION  190. DATE ( 210. EXTER UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK  220 Lee death resi	DF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF IT  OCCURRED  NOT WHILE  AT WORK	21b. TIME C HOUR A./ 21e PLACE STREET, FAI	OF INJURY M. MONTH DAY M. OF INJURY (AT HOCTORY, FARM, ETC.)	YEAR 216. H	OW INJURY OCCURR	CITY OR TOWN	COUNTY and in my apinian	YES 😡 NO 🗆
1 3	WEDICAL CALL CATCH TO THE CONTRIBUTION TO THE	DF OPERATION  NAL CAUSE WAS  NG OR TING CAUSE OF IT OCCURRED  NOT WHILE AT WORK  rtify that I taak charg	21b. TIME C HOUR A./ 21e PLACE STREET, FAI	OF INJURY M. MONTH DAY M. OF INJURY (AT HOCTORY, FARM, ETC.)	YEAR 216. H	OW INJURY OCCURR  CATION STREET  Inspecti	CITY OR TOWN  Ian, Inquiry,  Undetermined manner [	COUNTY and in my apinian	YES 😡 NO 🗌
1 3	TIO. EXTER UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK  220 I ce death rest	DF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF IT  OCCURRED  NOT WHILE  AT WORK  rtify that I taak charg	21b. TIME CHOUR A.I. DEATH 21e PLACE STREET, FAI real causes 3,	DE INJURY M. MONTH DAY M. OF INJURY (ATHOCTORY, FARM, ETC.)  escribed obove, held Accident	YEAR 216. H	OW INJURY OCCURR  CATION STREET  Hamicide  TITLE (SPECIFY)  ASSISTAI	CITY OR TOWN  Ian  Inquiry  Undetermined manner [	COUNTY  and in my apinian  DATE	YES 😡 NO 🗆
13	WEDICALON  190. DATE ( 210. EXTER  190. DATE ( 210. EXTER  LONTRIBU  21d INJURY  WHILE  AT WORK  220 I ce  death resi	DF OPERATION  NAL CAUSE WAS  NG OR TING CAUSE OF IT  OCCURRED  NOT WHILE AT WORK  rtify that I taak charg  ulted from Natur	21b. TIME C HOUR A./ 21e PLACE STREET, FAI	DE INJURY M. MONTH DAY M. OF INJURY (ATHOCTORY, FARM, ETC.)  escribed obove, held Accident	YEAR 216. H	OW INJURY OCCURR  CATION STREET  Hamicide  TITLE (SPECIFY)  ASSISTAI	CITY OR TOWN  Tan	COUNTY  and in my apinian  DATE	YES 😡 NO 🗆
1 3	WEDICAL CATER  190. DATE OF THE OF TH	DF OPERATION  NAL CAUSE WAS  NG OR TING CAUSE OF IT  OCCURRED  NOT WHILE AT WORK  rtify that I taak charg  ulted from Natur  X NAME Anr	21b. TIME CHOUR ALL PLACE STREET, FAIR Causes A. Dixo	DE INJURY M. MONTH DAY M.  OF INJURY (AT HO CTORY, FARM, ETC.)  P. M. D.  136. NAME C	YEAR  YEAR  19  Me 21f. LO  Suicide   M  DF CEMETERY C	CATION STREET  LITTLE (SPECIFY) ADDRESS 111  ADDRESS 111  ACCREMATORY	CITY OR TOWN  Ian, Inquiry,  Undetermined manner [  The MEDICAL EXAMINER  Penn St.  133. LOCATION	county  DATE SIGNED  COUNTY	YES 😡 NO 🗆
	WEDICAL CATER ON THE CONTRIBUTION ON THE CONTRIBUTION OF THE CONTR	DF OPERATION  NAL CAUSE WAS  NG OR TING CAUSE OF IT OCCURRED NOT WHILE AT WORK  rtify that I taak charg Ulted from: Natur  (S NAME Anr RINT) ATION, REMOVAL [2]	21b. TIME CHOUR ALL PLACE STREET, FAI	OF INJURY M. MONTH DAY M. OF INJURY (AT HO CTORY, FARM, ETC.)  Accident,  D, M.D.  23c. NAME C Fort	YEAR 216. H	CATION STREET  Hamicide  TITLE (SPECIFY)  A.D. ASS I ST ALL  ADDRESS 111	CITY OR TOWN  In	county  and in my apinian  DATE SIGNED  COUNTY	YES NO STATE
	190. DATE OF THE CONTRIBUTION OF THE CONTRIBUT	DF OPERATION  NAL CAUSE WAS  NG OR TING CAUSE OF IT OCCURRED NOT WHILE AT WORK  rtify that I taak charg Ulted from: Natur  (S NAME Anr RINT) ATION, REMOVAL [2]	21b. TIME COND  21b. TIME COND  21c. PLACE STREET, FA  P. J  M. Dixo  23b. DATE  Jan. 6, 82	OF INJURY M. MONTH DAY M. OF INJURY (AT HOCTORY, FARM, ETC.)  2. Accident  7. M.D.  23.C. NAME C.  2. TOTT	YEAR 216. H	OW INJURY OCCURRED  CATION STREET  INSPECT  Hamicide  TITLE (SPECIFY)  ADDRESS  111  ADDRESS  111  R CREMATORY	CITY OR TOWN  In	county  and in my apinian  DATE SIGNED  COUNTY	YES № NO □  STATE

2	,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	GIENE 8 2.	0 1 9 2 8
		STATE REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
eoth be		CEASED NAME PIRST CA PRINT)	(nmp)	Cordell	20. DATE OF DEATH MONTH	5 1982 4 PM
9е 4 шо	3. SE	Female.	4 RACE White	S. DATE OF BIRTH MONTH DAY MAY 19. 1907	6. AGE (IN YEARS LAST BIRTHDAY) 74 YR:	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
death. Page		RTHPLACE (STATE OR FOREIGN TOUNTS)	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	Harford MD.
haurs offer dec	10.C	TY OR TOWN OF DEATH WE de Grace	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b. KIND OF BUSINESS OR
24 Fille Suld	USU. 13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13 STREET ADDRESS Her	Leu Dr.
withir oletely nd 2 sh	14. F2	Samuel -	Burke	Delphia	ME MODEL	Baldsin
be executed an and comp rs. Pages 1 ar		VAS DECEASED EVER IN U.S. A ES, NO OR LIMINOWING 18 VES. O	ARMED FORCES? NA SOCIAL SEC 230-4 8		ordell, 2829 Her	l Air, Md. nley Drive:
requires that the death certificate is signed by the attending physici. Then please remove carbanapaper art burial, cremation, or removal. injury, or other traumatic event, the	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO CO	went mys	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
he law on. hos ber t permit ene pric	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{ NO } \( \text{ \text{ NO } } \)
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VDING or att R. After use as th ealth ar	WE	WHILE NOT WHILE AT WORK  220.1 certify that (I) (this has saw the deceased alive to	pital) attended the deceased from	Dic 22 19 81	to	, 19, that (1) (we) last
0 11 0 0 0		obove, (I) (we) (did) (did) 22b. SIGNATURE	not) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
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	2	2a.1 certify that (I) (this has		4	7 1			11	19 <b>82</b> —th	ot (I) (we)
11		sow the deceased aliverabove, (1) (we) (d/d) (did	not view the boo	y olter death		d that in (my) (our) opinion	death occurred on the	ne date and hou		
	- 1	26. SIGNATURE	/ alu	- / Mi	10	EGREE ATTENDING	MEDICAL _	STAFF	22c. DATE SI	GNED
1	2	2d, PHYSICIAN'S NAME (TYPE	OR PRINT)	7	-	PHYSICIAN [	DIRECTOR   PH	YSICIAN [		
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24	FUN	PERAL DIRECTOR		ADDRESS		1290		RAR 266. REGIST	RAR'S SIONATU	RE
T	ar	ring Funeral	Home P.	A. Aberde	en Md	21001-3399	2 0 1001		Ví	

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o 65		REGISTRAR CEASED NAME FIRTAY		Joseph	TAST	REG. N 20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
TO THE PARTY	3. SE		1 RACE White			6. AGE (IN YEARS LAST BIR	RIHDAY) IF UNDER LYEAR IF UNDER 24 MONTHS DAYS HOURS YRS.
deo li	2 \	RTHPLACE (STATE OR FOREIGN COUNTRY) HE LEVILLE	16 CITIZEN OF WHAT CO	MARRIE		HARF	OR COUNTY OF DEATH
by the filled with	2 F	ALLSTON	HALLSTO	OF COEN	OR OTHER INSTITUTION	12a USUAL OCCUPAT	
in 24 hour	§ 130.	9	NTY 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS?  YES NO  15. MOTHER'S MAIDEN NA		mont Road
ecuted withing completely sold 2 slond	0	RINEY		LAST	DENA	MIDDLE	Colbourn
be execution on ond constant of the secution o		YAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	14-1482	Mrs. NEACY	1,1,1,1	1 Ston, Manjand 21047
rificate physici anpaper emaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per line for ( ED BY: .TE CAUSE (a)	a), (b), and (c).)	cae Apple	6	APPROXIMATE INTERVA BETWEEN ONSET AND DE
the deoth ce by the ottendin ise remove carb , cremation, or re		Conditions, if only, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	C 14	117		
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(IAN: The law requir physicion. Tificate has been sign I-transit permit. Then of Hygiene priar ta b m 18 shows any injury	CAL CERTIFICATION		19% CONDITION FO	DR WHICH OPERATIO	DN WAS PERFORMED  216. HOW INJURY OCCUR	200 AUTOPSY? YES □ NO ☑	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
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TTENDING PHYSICIAN: The law requir bital or attending physicion.  TOR: After this certificate has been sign for use as the buriol-transit permit. Then of Health and Mental Hygiene prior to be 1 is marked or them 18 shows any injury.		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE  (IF EITHER NOTIFYMEDICAL EXAMINE  21d. INJURY OC CURRED WHILE ] NOT WHILE [	21b. TIME OF INJURY HOUR A.M. MC P.M. 21e. PLACE OF INJUI (AT HOME, STREET, FACTO	OR WHICH OPERATION  Y  NTH DAY YEAR  19  RY  ORY, OFFICE, FARM, ETC.)  sed from	216 LOCATION STREET	200 AUTOPSY?  YES NO CHEEN NATURE OF INJU-	208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO DEATH YES COUNTY STATES OF COUNTY STATE
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DECEASED NAME   MODER   LAST   DATE OF BETT   MODERN DATE   LAST   DATE OF BETT   MARKE   LAST   DATE   LAST   DATE   LAST		1.			CERTIFICATE OF DEATH	REG NO	
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IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART LOEATH WAS CAUSED BY:   MYD CARDWL   NFARCTON   SETTIMEN ON STATE   NO.     PART LOEATH WAS CAUSED BY:   MYD CARDWL   NFARCTON   SETTIMEN ON STATE   NO.     DUE TO, OR AS A CONSEQUENCE OF (b)     DUE TO, OR AS A CONSEQUENCE OF (c)     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS USED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS USED TO THE TE	5	16a				ADDRESS	
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OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  P.M. 19  21d. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  220. I certify that (I) (this heapital) attended the deceased from sow the deceased olive an obove, (I) (Ma) (did) (did not) view the bady after death.  220. I sertify that (I) (this heapital) attended the deceased from sow the deceased olive an obove, (I) (Ma) (did) (did not) view the bady after death.  220. SIGNATURE  220. PHYSICIAN'S WAME (TYPE OPPRINT)  220. PHYSICIAN'S WAME (TYPE OPPRINT)  220. BURIAL, CREMATION, REMOVAL 23b. DATE  230. BURIAL, CREMATION, REMOVAL 23b. DATE  230. NAME OF CEMETERY OR CREMATORY  240. FUNERAL DIRECTOR  251. NAME OF CEMETERY OR CREMATORY  252. ADDRESS  BURIAL, CREMATION, REMOVAL 23b. DATE  241. FUNERAL DIRECTOR  242. FUNERAL DIRECTOR  253. NAME OF CEMETERY OR CREMATORY  254. NAME OF CEMETERY OR CREMATORY  255. SIGNATURE  264. PHYSICIAN DIRECTOR  265. NAME OF CEMETERY OR CREMATORY  266. NAME OF CEMETERY OR CREMATORY  266. NAME OF CEMETERY OR CREMATORY  266. NAME OF CEMETERY OR CREMATORY  267. NAME OF CEMETERY OR CREMATORY  268. DATE REGISTRANS GENATURE  269. PARCENTARIS GENATURE  269. PARCENTARIS GENATURE  269. PARCENTARIS GENATURE	7.0	3 14	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
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5	1,	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 1 9 3 2
		REGISTRAR CEASED NAME FIRST	CERTIFICATE OF DEATH  REG. NO.  MIDDLE  LAST  120. DATE OF DEATH MONTH DAY YEAR 126 HOUR
PS :	(TYF	JANC JANC	Melissa Dempsey JANUARY 3, 1982 6:53/ M
(M)		emale	4. RACE S. DATE OF BIRTH S. DAYS HOURS MIN.  White S. DATE OF BIRTH YEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN.
death in an	1	IRTHPLACE (STATE OR FOREIGN PARTY)	76. CAZEN F WHAT PUNTRY? 8. MARRIED   NEVER MARRIED   9. BATTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED   HAFFORD MD.
1 11 66	HA	VIC de GRACE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HAF ford Memoria Hospital  TOUSE WITE
filled in hould be	130.	Md. Cec	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NTY 130 CITY OR TOWN 130 INSIDE CITY LIMITS? 130. STREET ADDRESS Jack Rd.  OR AND 100 PC
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equires the signed Then plear to burio injury, or	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
he low re ion. hos beer if permit. rene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  2010. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO X  YES NO
NG PHYSICIAN: The low require retrending physician. The this certificate has been sign as the buriol-transit permit. Then the and Mental Hygene prior to be orked or them 18 shows any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR
UG PHYS offendin fer this c is the bur h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDIN pital or TOR: Af for use of theoliti		sow the deceased alive on	ital) attended the deceased from, 19, to, 19, that (I) (we) last, 19, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated
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O HOSPITA O HOSPITA TO FUNERA Indiana by the story with the story Apportant	1	CHARLES J	
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR	114		DEPARTA		ICATE OF DEATH	REG. NO	).		
		CEASED NAME	FIRST	N	NDDLE		AST	20 DATE OF DEATH	HINON	DAY YEAR	2b. HOUR
			OSEPH		J.	F	ERRESE	JANUARY	13,	1982	5.30\$
1 [	1 SE	(	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTI		IF UNDER 1 YEAR	
		Male		White		AUGU	ST 26, 1921	60	YRS.	WONTHS DAYS	HOURS MIN
116		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH	
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71	10 C	TY OR TOWN OF DEA	TH 11		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	)N	126. KIND	OF BUSINESS O
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21	13a S	AL RESIDENCE (IF NURS	NG HO COR OT		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
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117	14. FA	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME			AST
14		Anthony	J		Ferrese		Rose	•			erra
2		VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRES	S		
1		es	WW 2		183-14-48	878	Mrs. Jeanne	M. Ferrese,	E1kt	ton, Me	d.
		gove rise to imm couse (a), stating underlying couse	g the	DUE TO, OR	AS A CONSEQUE	NCE	/				
?			lost.	(c)	NITRIBUTING TO D	E A Thi Dill	Dlaboffa	- Meley		7	
	NO			101	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	111000		EN IN PART 1	10
2	TIFICATION		HFICANT CO	NDITIONS <u>CO</u>			NOT RELATED TO THE TERM	111000	ITION GIVE	, WERE FIND YING CAUSE	
29	CERTIFIC	PART 2 OTHER SIGN	ION  ERLYING  AUSE OF DEATH	196 CONDIT	ION FOR WHICH ( INJURY A. MONTH DA	OPERATION		20a AUTOPSY?  YES NO X	20b. IF YES IN CERTIF YES	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
20	MEDICAL CERTIFICATION	PART 2 OTHER SIGN  19th DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING C	IFICANT CO	196 CONDIT	INJURY  A. MONTH DA	OPERATION Y YEAR	n was performed	20a AUTOPSY?  YES NO X	20b. IF YES IN CERTIF YES	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
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29		PART 2 OTHER SIGN  19th DATE OF OPERAT  21e. ACCIDENT WAS UND OR CONTRIBUTING CONTR	ERLYING AUSE OF DEATH AL EXAMINER)  ED  LE (this hospital d alive on alive	196 CONDITIONS CO 216. TIME OF HOUR A.M. 21e PLACE C (AT HOME STREE) ) offended the	INJURY  A. MONTH DA  A.  JF INJURY  ET, FACTORY, OFFICE, FA	OPERATION  Y YEAR  19  ARM. ETC)	21c. HOW INJURY OCCUR 21l. LOCATION STREET  21l. LOCATION STREET  ATTENDING ATTENDING	20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES IN CERTIFIC YES	COUNTY  22c. DATI	NGS USED S OF DEATH? NO STATE that (I) (we) loe couses stated
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BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

Hill, Md.

1/16/82 Immaculate Conception Cemetery, Bunial Cherry 24 FUNERAL DIRECT

HICKS HOME for FUNERALS, ELKTON, MD.

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20/21/4				
ly avenue, Elkton, sd.	123 51000	0.80 (3.49)		
on Communery, Cherry HIII, Nd.		a/92 jeracul // 1 2	7	) & (**) 

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md.

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

NO I

82.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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1. DECEASED NAME FRST COLORES IN THE COLORES OF BORESON TO CITIZEN OF WHAT COUNTRY? 8.	Q 1000 145
1. DECEASED NAME FIRST COLORES IN THE COLORES IN TH	ATH MONTH DAY YEAR 26. HOURS
Female White May 27 1918 63	
	MONTHS DAYS HOURS MIN.
MARRIED NEVER MARRIED WIDOWED DIVORCED A HARF	TY OR COUNTY OF DEATH
EdeHavre de Grace Hartord Memorial Mospital Housewij	MOST OF WORKING LIFE) INDUSTRY
DE JAVIE DE GRACE HACTOR (MEMORIA TOSATA HOUSE DE JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE 136, COUNTY 136, CITY OR TOWN 136. INSIDE CITY LIMITS?  137. CITY OR TOWN 136. INSIDE CITY LIMITS?  138. STREET ADDITION 137. TOWN 138. STREET ADDITION	
FIRST HIGHER'S NAME FIRST HIGHER'S MAIDEN NAME CLAYA EACH CLAYA EACH MID  THE FATHER'S NAME	Gore LAST
TYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	MISON St. WISON St. E de Grace, Maryland 2018
18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse (a), stoting the DUE TO OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Underlying couse lost.    Columbia   Part 2. Other Significant Conditions Contributing to Death But not related to the terminal disease or	CONDITION GIVEN IN PART 1(0)
NO NO NOTE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY: YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19	DE INJURY IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET  CITY  22g. L. Cartify that (I) (this baseital) ottended the deceased from	YORTOWN COUNTY STATE
220.1 certify that (I) (this hospital) attended the deceased from 19 50 , to sow the deceased alive on 19 50 , and that in (my) (our) opinion death accurred on obow (I) (in i) (id ii) id id not) view the body after death.  220.5 IGN ATURE	the date and hour and from the causes stated  220. DATE SIGNED
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BP.

24 FUNERAL DIRECTOR

MPORTANT: If Item 21 is marked or Item

FOR 1 - STATE REGISTRAR			DEPARTA	AENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0	1 9	3 6	
DECEASED NAME	FIR51	13-4	WIDDLE		LAST	20 DATE OF DEATH		AY YEAR	2h HOUR	
	Edna		$\boldsymbol{E}$	Gi	11	January	1, 1982	?		
SEX		4. RACE		S. DATE		6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS	
Female		White	9	Febr	uary 9,1892	89	YRS "	ONTHS! DATS	HOURS MIN.	
BIRTHPLACE (STATE OR COUNTRY)  Virgini		U.S,	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  Harford County				
Aberdeen 210			FHOSPITAL, NURSING HOME OR OTHER INSTITUTION UCHFACILITY, GIVE STREET ADDRESS)  BALTIMORE St			17a. USUAL OCCUPA (JYPE OF WORK FOR MOS HOUSEWIFE		12b. KIND O INDUSTRY	F BUSINESS OR	
SUAL RESIDENCE (IF NURS 0. STATE Maryland	13b COUN Harfo	TY	GIVE RESIDENCE REFORE 13t, CITY OR TOWN Aberdeen	V	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES 210 Bal	timore	St		
FATHER'S NAME William	٨	M	Pitts		IS. MOTHER'S MAIDEN NAM	$oldsymbol{E}^{ ext{ iny IDDLE}}$	Jac	ckson 1AS	T	
WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECUI 212-76-5		17 INFORMANT Mr William E		RESS Sã	ame		
RAT I. DEATH W. Conditions, if ony, gove rise to improve the improve to improve the improve to improve the improve the improvement of th	which nediote g the lost.	DUE TO, OI	AS A CONSEQUE	NCE OF	Anemai		MIDITION CIVE		MATÉ INTERVAL NSET AND DEATH	
		51.151110110 <u>CC</u>	21-111100111-0-10-0	EATH DOT	NOT KEENTED TO THE TERMI	INAL DISEASE OR CO	NUITION GIVE	'.		
190 DATE OF OPERAT	90 DATE OF OPERATION			ION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
OR CONTRIBUTING C	CAUSE OF DEATH HOUR A.M. MONT					YES NO				
WHILE NOT WH	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
220.1 certify that (1) sow the decease above, (1) (we),(c	d alive on_		19		, 19, 19	eath accurred on the			that (I) (we) lost	

220.1 certify that (I) (this hospital) of sow the deceased alive on above, (1) (we) (did) (did not) view 22b. SIGNATURE DEGREI 22c.DATE SIGNED

ATTENDING

27e ADDRESS Jean T. Lee M.D.

319 S. Union Ave Havre de Grace, Md

STAFF

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

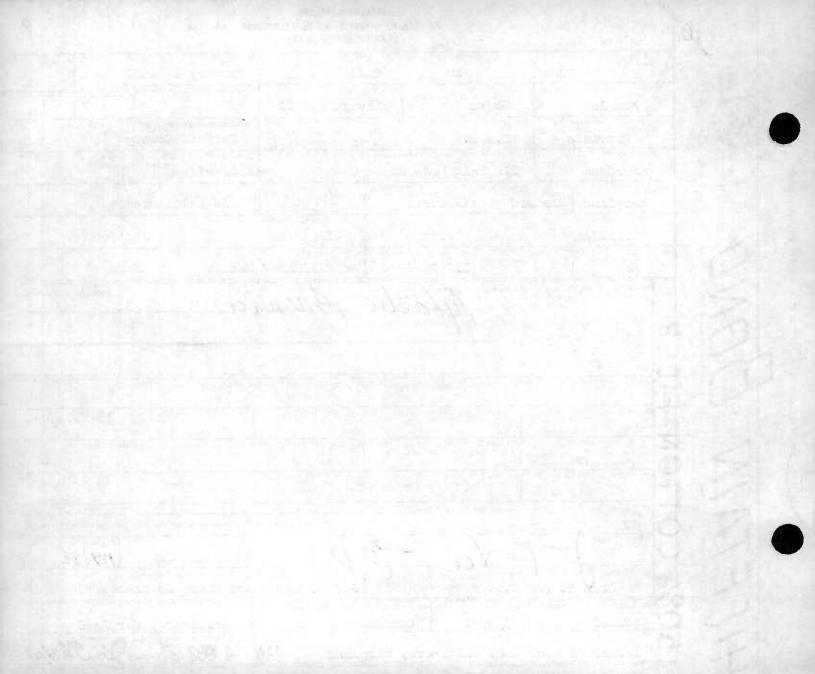
230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial 1/4/82 Moreland Mem Park Baltimore, Maryland

DHMH - 16 50M 1/81 Leonard J Ruck Inc. Baltimore, Maryland (VRA 15, 4)

JAN

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

STATE



	FOR
1 -	STATE REGISTRAL
OTHIC .	REGISTRAL

## STATE OF MARYLAND

	1 - STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG		, NO.	O		
1	DECEASED NAM	FIRST		WIDDLE		TAST	20. DATE OF DEATH	HINOM H	DAY	YEAR	26. HOUR
-	CARL		C.		GROVE			1	18	82	8:50
1	). SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)		DER I YEAR	IF UNDER 24 HI
1	Male	9	White 76 CITIZEN OF WHAT COUNTRY?		Sept	.27,1906 YEAR	75	YRS	MONTE	HS DAYS	HOURS M
4	To. BIRTHPLACE	STATE OR FOREIGN			9	D NEVER MARRIED X	A BALTIMORE CITY OR COUNTY OF BEATH				
7	Pennsylv	vania	US			DI NEVER MARKIED					
)	HAVRE DE	GRACE	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR CTTTZENS NURSING		ADDRESS)						
1	Marylan	nd Har		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Havre d	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	en Str	reet		
1	IA FATHER'S NAM	Joseph	MIDDLE M.	Grove		is mother's maiden na Amelia	· · ·	É	Char	ndlee	
	160 WAS DECEASE (YES, NO OR UNKN		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 160-18-8		Mildred E. G		DRESS .3, Fe	eltor	n, PA	1732
	PART I. D	EATH WAS CAUSI IMMEDIA  if ony, which	TE CAUSE (a)	R AS A CONSEQUE	-1	ung E	Aneta	slas	is	APPROXIVE BETWEEN C	mate interval poset and peat cut one year
1	couse (a)	to immediate stating the cause last.	DUE TO, OI	r as a conseque	NCE OF						
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WIN CERTIFYING YES NOW YOU WAS NOW YES NO									RE FINDING CAUSES	IGS USED
1	OR CONTRIBUTE (IF EITHER, NO. 214 INJURY	WAS UNDERLYING ING CAUSE OF DE CHECK AL EXAMINE OCCURRED	P.i	M. MONTH DA	19	21t HOW INJURY OCCURS 21t LOCATION STREET		NJURY IN ITEM I		OR PARI 2	STATE
1	22a L certify	that (I) (this hosp	1 0	e deceased from	Apr	30,192	to the .	18,	19	82.	that (I) (we)

obave, (I) (we) (did) (did nat) frew the bady after death 226. SIGNATURE

22d PHYSICIAN'S NAME (TYPE OF PRINT)

Jan.21,1982

22e APDRESS

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

MEDICAL STAFF
DIRECTOR PHYSICIAN

York Penna.

DHMH - 16 50M 1/81 (VRA 15, 4)

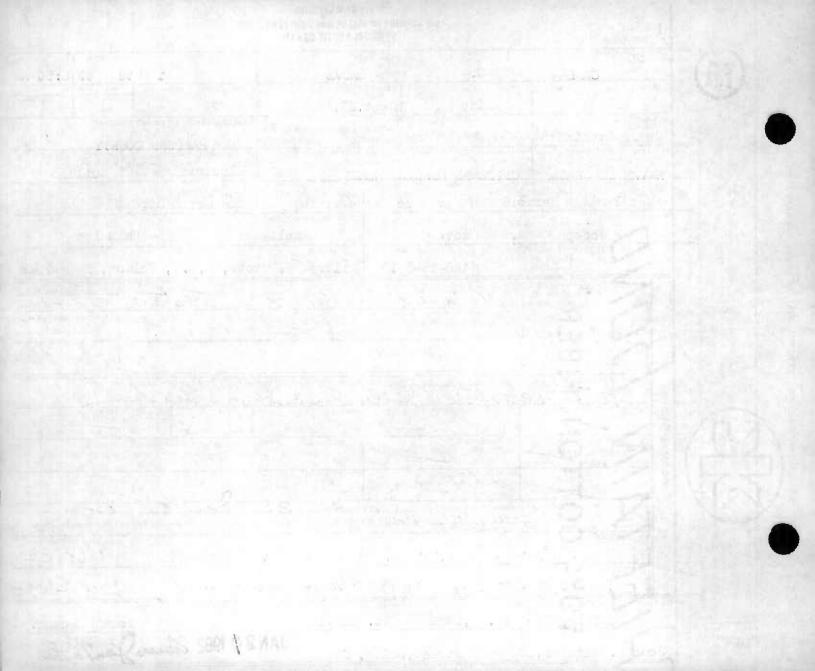
Burial 24 FUNERAL DIRECTOR

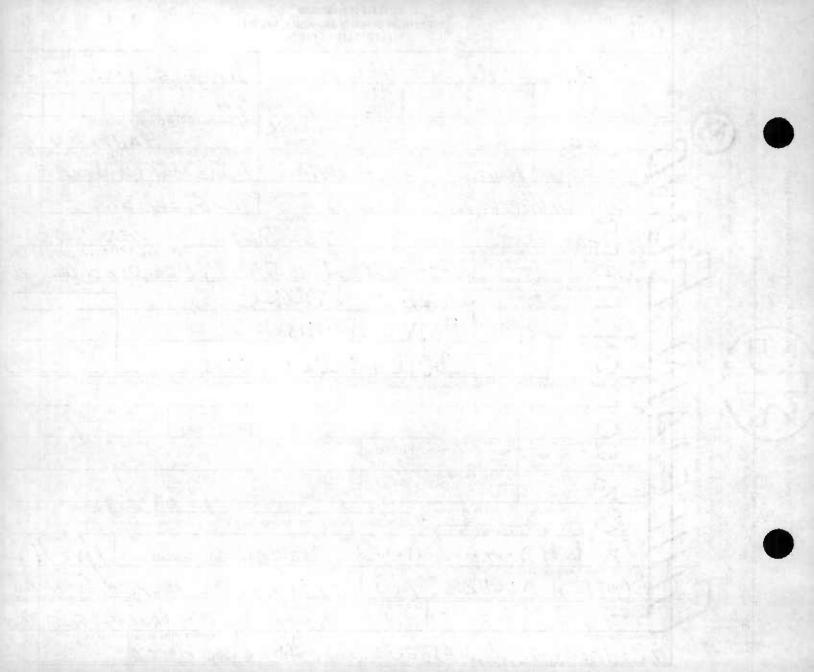
230. BURIAL, CREMATION, REMOVAL

John H. Harkins, 600 Main Street, Delta, PA

236. DATE

23d VOCATION
CITY OR TOWN
Fawn Grove

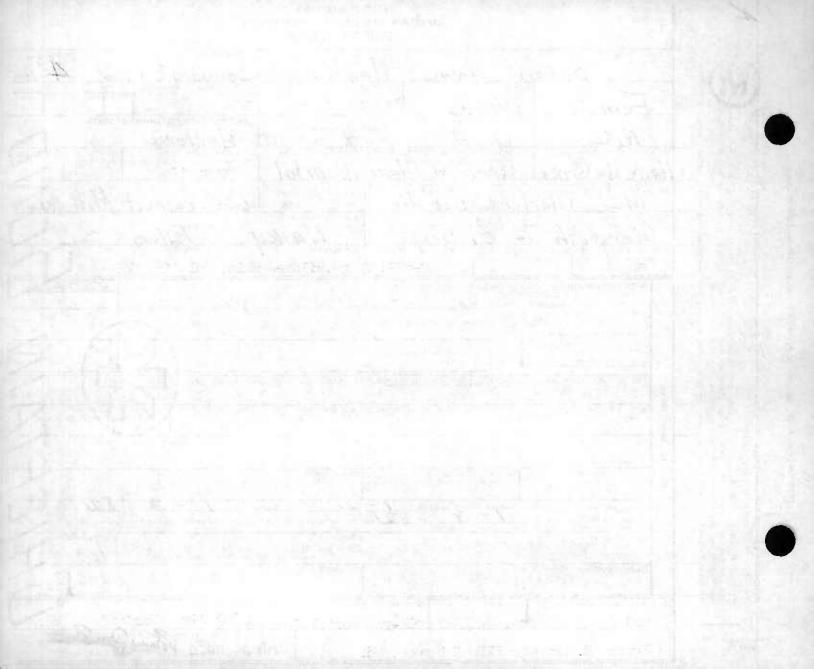




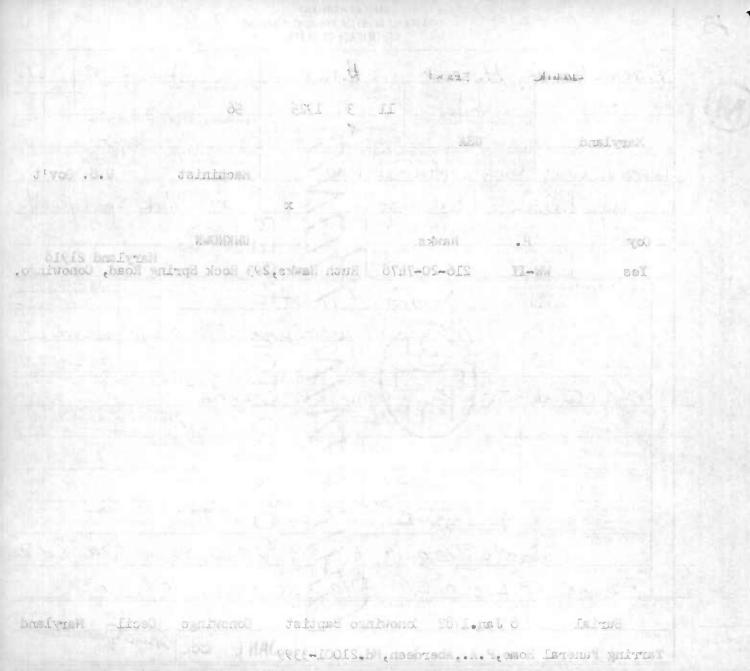
DHMH-16 30M 2/80 (VRA 15, 4)

	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG		0	1 7	2 4	
		CEASED NAME Bets	u Arre	14	awKins	REG. N	MONTH DA	82	26 HOUS O	
	3. SE)	Female	White	June		6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
10		RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D DIVORCED D	BALTIMORE CITY C	rd		MD	
6	HA	LIVRE de GRACE AL RESIDENCE (IF NURSING HOME OR	HACTOR	lem.	Hospital	(TYPE OF WORK FOR MOST O Housewi	OF WORKING LIFE)		OF BUSINESS OR	
		Md Har	Ford Bel A	N I C	13d INSIDE CITY LIMITS?  YES NO X	130. STREET ADDRESS	spect	- Mil	1 Rd	
20	16a. W	Nerdith VAS DECEASED EVER IN U.S. AR	MIDDLE BILLAST  TAMED FORCES? TIGH SOCIAL SECU	S JRITY NO.	NANCO 17. INFORMANT	ADDRI	llen	Kin		
	(1)	no	245-82-5	5294 T		Main, Bel A	Air, Md		MATE INTERVAL ONSET AND DEATH	
	rion	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF		INAL DISEASE OR CON	DITION GIVE	N IN PART 1(c	١٠	
1	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO		206 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO				
7	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AND COURRED OF THE CONTRIBUTION	HOUR A.M. MONTH D.	19	211. LOCATION	RED (ENTER NATURE OF INJU		COUNTY	STATE	
		22a I certify that (I) (this hospi	attal) attended the deceosed from 19 11 view the bady after death.		d that in (my) (aur) opinian of	deoth occurred on the d	3, 19 ote and hour			
1		22d. PHYSICIAN'S NAME (TYPE O	PRINT)	er IN	ATTENDING PHYSICIAN TO PHYSICIA	MEDICAL STA DIRECTOR PHYSIC		1-3	100	
	(	BURIAT, CREMATION, REMOVAL (SPECIFY) Burial	7 - 1000 -		EMETERY OR CREMATORY  emorial Garder	Bel Air	Harf	ord _	Md.	
	24 FU	INERAL DIRECTOR Howard K. McCo	mas III, Abingdo		250. DATE	REC'D. BY REGISTRAR	have		ALC: N	

STATE OF MARYLAND



13	1.	FOR STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8 2.	0 1 9 4 0
p 04-3		CEASED NAME FIRST PROPERTY OF PRINTS	S A FRACE	S. DATE (		20 DATE OF DEATH MONTH  6. AGE (IN YEARS LAST BIMHDAY)	2 1982 6 PA
BALL		HALE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	3 1925	9 BALTIMORE CITY OR COL	RS. DAYS HOURS MIN.
within 7		Maryland TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL,	WIDOW		12a. USUAL OCCUPATION	Hartord MD
iled in	USU.	AL RESIDENCE (IF NURSING HORRE LITATE		Morial	Hosp	Machinist	INDUSTRY U.S. GOV t
d 2 should be serinefmust be		THER'S NAME		DWINGO	13d. IN IDE CITY LIMITS? YES NO X	13e. STREET ADDRESS ROC	2 Springs Rd.
d un V×		FIRST  COV  VAS DECEASED EVER IN U.S. A	H. Haw	AST V  AL SECURITY NO.	FIRST  17. INFORMANT	UNKNOWN ADDRESS	LASP
rs. Poges		(ES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	20-7478		M	aryland 21918 Road, Conowingo
or the ottending physy the ottending physis remove corbonpops (cremotion, or removed)		PART I. DEATH WAS CAUS PART I. DEATH WAS CAUS MMEDI. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A	NEEDUENCE DE	Hrrest Wocardi	al difarely	APROXIMATE INTERVAL BETAMEN ONSE AND DEATH Judden Sudden 2-3 years
ermit.	CERTIFICATION	PART 2. OTHER SIGNIBLE ANT OLD QUILLENS 196 DATE OF OPERATION	conditions contributed by the condition for	2 Augoc	NOT RELATED TO THE TER		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
ottending physicion.  The certificate ho is the buriol-tronsit put on di Mental Hygiena ned or Item 18 show	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED		19	21c. HOW INJURY OCCL 21l. LOCATION STREET	JRRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)  COUNTY STATE
pital or CTOR: Afr for use a of Health	-	22a I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did recover)	pital) attended the deceased	from 82	nd that in (my) (our) opinio	n death occurred on the date onc	thour and from the couses stated
FUNERAL by the FUNERAL build be detected to the State of		22d PHYSICIAN'S NAME (TYPE	ORPRINT) C. LOO, M	Dund,	ATTENDING PHYSICIAN  22e ADDRESS  Have do	MEDICAL STAFF DIRECTOR PHYSICIAN	Jan 22d 8.
BP		Burial  Burial	23b. DATE 6 Jan. 1982	TO PER LOS	emetery or crematory	Conowingo	ecil Manyland
MH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR ANNE  Arring Funeral	Home, P.A., Ab	oress erdeen, Mo		AN 6 1982	2000 Generatore



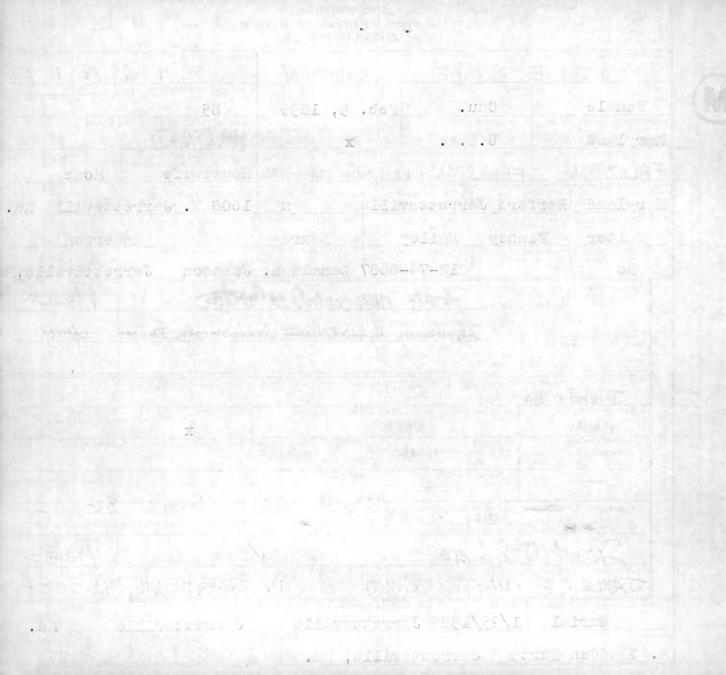
fo	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 2 C	1 9 4 1	
9 £		CEASED NAME FIRST Rober	+ Earl	Houston	20 DATE OF DEATH MONTH	0AY   YEAR   26. HOUR   14/1982   820 A M	
Page 4 may	3. SEX	M	4. RACE  CAVCASIAN  7b. CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH MONTH OAY YEAR 9 1913	6. AGE (IN YEARS LAST BIRTHOAY)  6. YRS.  9. BALTIMORE CITY OR COUNTY	MONTHS OAYS HOURS MIN	
death.	C	PATHPLACE (STATE OR FOREIGN )  DUNTRY)  MANY LAND  TY OR TOWN OF DEATH	V. S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED GOOD TO THE INSTITUTION	HARFIRE 120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR	
_ 5 = 5//			(IF NOT IN SUCH FACILITY, GIVE STREET	d at home	(TYPE OF WORK FOR MOST OF WORKING LI	INDUSTRY APG	
MARYLAND 2120 red within 24 hours ompletely filled in b, 1 and 2 should be fill exomine must be n	-	THER'S NAME Sami	Hatord Upper	15. MOTHER'S MAIDEN N	2837 50	cart Rd	
MORE, MARY e e executed win n and complet Pages I and 2	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	124	ADDRESS	Harrison	
W. PRESTON ST., BALTI the death certificate by the attending physicion se remove carbon papers. cremotion, or removal. ather traumatic event, the			nly one cause per line for (a), (b), an D BY: TE CAUSE (o)	expiratory arres	na of Hidney	AS A DOVE  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH	
S S S	TION	ATION	PART 2. OTHER SIGNIFICANT	No	DEATH BUT NOT RELATED TO THE TE		S, WERE FINDINGS USED
TAL REC	CERTIFICATION	Nove			IN CERT	IFYING CAUSES OF DEATH? ES NO	
ON OF VI	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF (IF EITHER, NOTIFY MEDICAL EXAMPLE) 21d. INJURY OCCURRED	P.M. 210. PLACE OF INJURY	AY YEAR 19 211. LOCATION	CITY OR TOWN	COUNTY STATE	
Q o 4 9 0 E	¥	WHILE NOT WHILE AT WORK  22a.1 certify tha (1) this hosp	(AT HOME, STREET, FACTORY, OFFICE,	4 × 20 19 3	an death occurred an the date and ho	, 19 42, that (I) (we) last	
OR ATTI haspit haspit ched for cept. of them 21		TOWN SIGNATURE TO THE STREET	Haml	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE GIGNED	
TO HOSPITAL of retoined by the TO FUNERAL Is should be detoin with the State IMPORTANT; If		CARY F	HARNE	1716 H	enteral Rel, Falls	ton, Ad 21047	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN		
DHMH - 16 25M (VR A 15 (4) ) 9/74	24 F	uneral director NAME  Gladden Ku	rtz Jarrett	sville Md.	IN I 9 1982 Openies	Jan Warthen	

ender desch int wo. W. Siz - Wman and the Control of the control o LANGE STATE OF THE And the other and the same of the same of

					STATE OF MARYL	MILE	6.4 4.3		13 /1 2
	1 -			DEPART			IENE O 4	UI	I and the
		REGISTRAR			CERTIFICATE OF	DEATH	REG. NO.		I was
		OR PRINT)			LAST		20. DATE OF DEATH M	ONTH DAY YE	28.1100K
	3 SF			Neal	HUNT	Jr.			2:20 P <sub>M</sub>
	V. OL	Male		te	MONTH DAY	1907 L	74	MONTHS D	YEAR IF UNDER 24 HKS
5	7a. Bl	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR		Н
55			USA				Harford		MD
30			(IF NOT IN SU	ICH FACILITY, GIVE STREET	ADDRESS)	NOITUTIT			ND OF BUSINESS OR
de			Falls	ton Genera	al Hospital		Agent		1 Estate
76	130. 5	- 13b C	DUNTY	130 CITY OR TOW		CITY LIMITS?	13e. STREET ADDRESS		
1-			rford	Abingdon	- 44	NO 🗌	3605 Philad	delphia Ro	oad
20	14. F.A	FIRST	MIDDLE	LAST		FIRST	WE		LAST
66							Mae	Keene	er
		ES, NO OR UNKNOWN) (IF YES		Market and the second				5	
1						Catheri	ne E. Hunt,	Abingdon	
		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAI	r only one couse pe JSED BY:	er line for (o), (b), on	d tel.			BETW	PROXIMATE INTERVAL FEEN ONSET AND DEATH
			HATE CAUSE (0)	MAIN	10 MRKE	7			
		7/40	DUE TO, C	OR ASYA CONSEQUE	NCE OF	01-11	14-17/	101-00	
		gove rise to immediate	(b)_	MRICH	RIUSCLER	0 110	17 EAR 1 1.	11201126	
			DUE TO, C	OR AS A CONSEQUE	ENCE OF				
		PART 2 OTHER SIGNIFIC AN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT BELATER	TO THE TERM	MAL DISEASE OF COLUM		
	S O	TARTE OTTER STORM TEXT	41 CO14D111O143 <u>C</u>	DIVINIBUTING TO I	DEATH BUT NOT RELATED	O TO THE TERM	INAL DISEASE OR CONDI	HON GIVEN IN PAR	1 1(0)
0	ATI	190 DATE OF OPERATION	19h CONE	OITION FOR WHICH	OPERATION WAS PERFO	ORMED	20a AUTOPSY?	Ob. IF YES, WERE FIR	NDINGS USED
7	TIFIC								ISES OF DEATH?
0					21c. HOW IN	JURY OCCURR			
9	CAL		PLAIN		AY YEAR				
1	EDIC	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	211. LOCATE	ON	CITY OF TOWN	1	SLATE
- 1	2	WHILE NOT WHILE AT WORK	(AI HOME SI	REET, FACTORY, OFFICE, F	ARM ETC)		CIT ON TOWN	COUNT	STATE
1		22a. I certify that (1) (this ha	ospital) attended t	he deceased from_		. 19	, to	. 19	, that (I) (we) last
		sow the deceased alive above, (1) (we) (did) (did	not) view the body	ofter death	, and that in (my)	(our) opinion c	death occurred on the date	and hour and from	the couses stated
		22b. SIONATURE	5	02	DEGREE	502		226. [7]	ATE SICNED
		tanter.	mon	alulu	r).	ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	N   ///	1/82
1		22d. PHYSICIAN'S NAME (TY					×		
1		DANTE N	LONAKI	L, M.D.	622	Sillnio	nAL Ho	voide Gra	rahd.
E		URIAL, CREMATION, REMOV	AL 236 DATE	23c N	NAME OF CEMETERY OR	CREMATORY	23d LOCATION		
- 1	230 B	SPECIEY)					CITY OF TOWN	PER AND AND AND AND ADDRESS.	*****
	(:	Burial	Jan.19	,1982 Tr	inity Luther	ran Ceme	CITT ON TOWN	Harfor	STATE d. Md.
	24 FU	Burial  INERAL DIRECTOR  NAME  IOWARD K. McCo			Accident in		CITT ON TOWN	Harfor	d Md.
	35 20 1	J. DE CITYPE  3. SE:  70. BI  NO.SU:  NO.SU:	1 - STATE REGISTRAR  1. DECEASED NAME (1YPE OR PRINT)  3. SEX  Male  70. BIRTHPLACE (STATE OR FOREIGN Maryland  10 CITY OR TOWN OF DEATH Fallston  USUAL RESIDENCE (IF NURSING HOW 130 STATE Maryland  14 FATHER'S NAME FRST Frank  160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) 10  18. CAUSE OF DEATH (Ente PART I. DEATH WAS CAI MARE  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICAT  OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WMILE AT WORK  22d. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1Y  DANTE: N	1 - STATE REGISTRAR  1. DECEASED NAME (17PE OR PRINT)  FRANK  3. SEX  Male  Mary Land  USA  10 CITY OR TOWN OF DEATH Fallston  Fallston  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IND  IND  IND  IND  IND  IND  IND  IND	1. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  White  70. BIRTHPLACE (STATE OR POREIGN White)  70. BIRTHPLACE (STATE OR POREIGN White)  70. BIRTHPLACE (STATE OR POREIGN The WHITE)  70. CITIZEN OF WHAT COUNTRY  110. CITY OF WHAT COUNTRY  111. NAME OF HOSPITAL, NURSING THE WHAT COUNTRY?  112. CAUSE OF DEATH  113. COUNTRY STREET THE STREET, FACTORY, OFFICE, FACTORY, OFFICE	STATE   REGISTRAR   CERTIFICATE OF	1- STATE   REGISTRAR   CERTIFICATE OF DEATH   TO REGISTRAR   LAST   LA	SERTIFICATE OF DEATH   REG. NO.	DEFEASED NAME  REGISTRAR  LECEMENT OF DEATH  REG. NO.  IDECEASED NAME  INVESTIGATE OF DEATH  REG. NO.  IDECEASED NAME  INVESTIGATE  REGISTRAR  REG. NO.  IDECEASED NAME  INVESTIGATION  REG. NO.  IDECEASED NAME  INVESTIGATION  IDECEASED NAME  INVESTIGATION  IDECEASED NAME  IDECEASED NAME

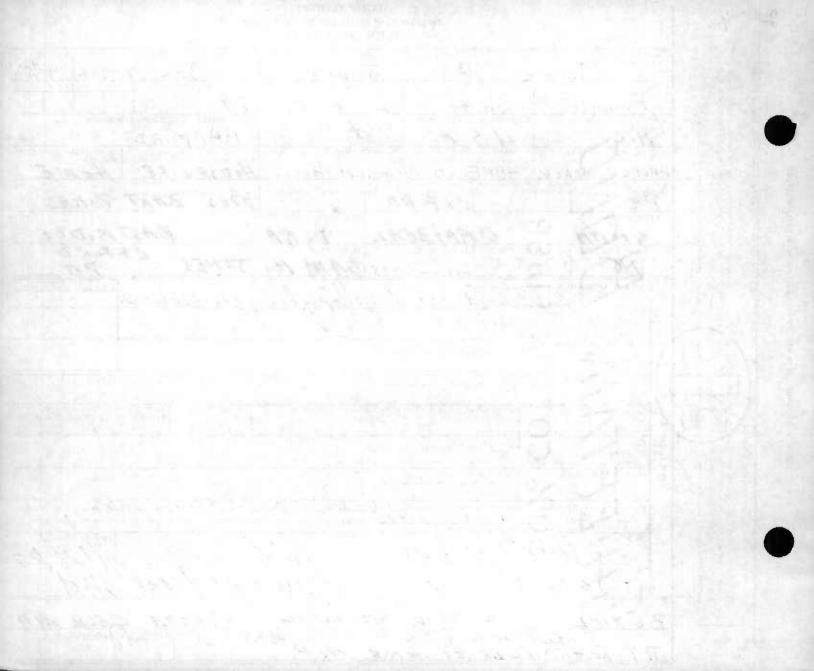
LAN 30 1912 - 1700 foryland distance and the second Landon 14 TOTAL STREET LINE STREET people september haryland deedl and mys state food barries Archar John Dures Malie Mac Maca 220-21-303d Charles L. Land, 1750 Constitute 21.013 Aurial Propins December 1 State of the Propins of States of Paragraphs waring smeral comp. A., Derdeen, 20.21 vil-390 Fish

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	01944
		EASED NAME FIRST	widdle	LAST CALL	20. DATE OF DEATH MO	NITH DAY YEAR 26 HOUR
1 3	SE)	NIKKIE	MAE 1. RACE	JOHNSON Is date of Birth	6 AGE (IN YEARS LAST BIRTHD	ad ball ph
)	, ,,,	Female	Cau.	Feb. 9. 1896	85	MONTHS DAYS HOURS MIN.
75		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9. BALTIMORE CITY OR	COUNTY OF DEATH
	0 00	iryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	HARFOR	T)
7710	D. CI	OLI STON	(IF NOT IN SUCH FACILITY, GIVE STREE	- 4: - 00	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE) INDUSTRY
	ISU/	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	ENERAL HUSPTAL		Home
6	Me	ryland Hari	ord Jarretts	ville YES \ NO \	130 STREET ADDRESS	arrettsville Ro
711	FA		AIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
40	- 14		nney Baile	Al .	4000555	Anderson
) "		(AS DECEASED EVER IN U.S. AR/ ES NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)		ADDRESS	T
=				-8687 Donald L.	Johnson	Jarrettsville,
-		PART I. DEATH WAS CAUSEI	VCV / 11 1 /	NUID roudie ( LIT	POLETION	BETWEEN ONSET AND DEATH
ofic e		4100 mmediat	DUE TO, OR AS A COMSEQU	IENCE OR	100	
		Conditions, if ony, which	( b) Aynetteers		udillosolio ?	Deserve Gears.
		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF		
			(c)			
1	2	Diabets W.	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART Tra
12	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED
4		now	n	Jul	YES NOT	YES NO NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTHALE	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HITEM 18 PART I OR PART 2)
/ 3	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	n .	
1 5	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK	al) attended the deceased from	May 3 10/01	- Towari	7.6. 87
- 1		sow the deceased olive on.	januar 20 19	8 , and that in (my) ( ) opinian	. 10	and haur and from the causes stated
		abave, (1) (44) (74) (did nat 22b. SIC (44)	view the bady ofter death.	DEGREE		22c. DAJE SIGNED
		securt a	TELS S. NO.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/23/82
		22d. PHYSICAN'S NAME (TYPE OF	PRINT)	22e ADDRESS	11	1/ 14/0 04
		JAMES F	WHILENK	.M.D Box 97	Jarrellsi	Jelle, Mar 21084
23	Be B	URIAL, CREMATION, REMOVAL	1 , ,	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24	FLI	Burial NERAL DIRECTOR	1/25/1982 J	arrettsville	Jarretts	
T	VI	Gladden Kur	tz Jarrett		9 7 1000 Tot	ALGISTRAR'S SIGNATURE
	1 0	draduell Kul	oz oarrett	sville, Md. IJAN	4 1 1302 (10)	was harden



4	1.	FOR STATE	DEPAR	TMENT OF HEAL	TH AND MENTAL HYG	SIENE 8 2	0 1	9 4 5
		REGISTRAR		CERTIFICA	ATE OF DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR
		LNe-	Z (2		nes	JA		82 4 AM
	3. SE	× ,	4. RACE	5. DATE OF B	IRTH YEAR	6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
	1 0	remale	white	2	6 02	19	YRS.	
270	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED	9. BALTIMORE CITY C		лн
10	10.6	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED			URD	MD.
1	10. C	THOR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		1 12	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		IND OF BUSINESS OR
26	/tf	VRE de DRACE	HHRHORD  OTHER INSTITUTION, GIVE RESIDENCE BEF	Memoria	11 Hospi	HOUSE W	IFE H	-cmr
75	130.	TATE 136. COUN	NTY 13c CITY OR TO	WN 13d	I. INSIDE CITY LIMITS?	130. STREET ADDRESS	BALT 7	7/大龙
	14. F/	ATHER'S NAME	MIDDLE LAST_	15.	MOTHER'S MAIDEN NA	ME		IASI
2/5		SMITH	GAAYB.	EAL	PORA	Mobile	EASTIS	IDGE
dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOCIAL SE	CURITY NO. 17.	INFORMANT	ADDR	ESS OXX	er D
3		140	219-12	-6838 5	AM H.	JONES		PA
+	1	18. CAUSE OF DEATH (Enter on	nly one couse per in far to the	and (c)	11 1	11.11	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
<b>D</b>		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Muse	Cocali	Klein	und	
other troumotic		2050	DUE TO, OR AS A CONSEC	QUENCE OF				
0		Conditions, if ony, which	(b)					
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF			100	
5	19	underlying couse lost.	(c)					
injury, or	Z	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PA	ART 1(a)
ony ir	¥ ¥	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION W	VAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
7	FE					YES THE NOT	YES	AUSES OF DEATH?
9	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21	It. HOW INJURY OCCUR			
9		OR CONTRIBUTING CAUSE OF DEA	AIR	DAY YEAR				
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21	I. LOCATION	CITY OR TO	OWN COUN	NTY STATE
	2	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC }	SIKEEI	CIIYORIC	, wa	31810
			ital) attended the deceased from	12-	26 , 19 81		. 19	1, that (I) (we) lost
		saw the defeased alive on	the body litter death.	_\$2, and th	hat in (my) (our) opinion	death occurred on the d	lote and hour and fro	om the couses stated
		77k SIGNATURE	on view the dody after sedin.	DEC	REE	1	22ε.	DATE SIGNED
<u></u>		tolle	ca hur	7	ATTENDING PHYSICIAN	MEDICAL STA		117/0-
1	1	THE PHYSICIAN'S NAME (TYPE O	OR PRINT	/ 21	ADDRESS /	1.1		-
1		Joun	V VUN		Haur	edego	pel. V.	nd
		BURIAL, CREMATION, REMOVAL		c. NAME OF CEM	ETERY OR CREMATORY	1234 LOCATION		
	17	SPECIFY) RIAL-	1-30-82 6	U. HOTT	INGHAM	ESTY DR TOWN	RA CA	CH AID
	24. F	UNERAL DIRECTOR	17 forest ?1	5146	5 61 1/ 250.14	ARE DI BY REGISTRAF	PAREGISTRAR'S	CHATURE
	1	7.T. CARRO	FORIERA) A	LINE	170	1000	U	

AF ... A BWI AND



	1-	REGISTRAR			JEI ANI		ICATE OF D			G. NO.		
		CEASED NAME	FIRST		MIDDLE	Į.	AST		20. DATE OF DEA		DAY YEAR	26 HOUR
		CHIPPINI	LERO	Y		JONE	S		THE PART OF	1-2	8-82	4:50A
	1. SE	×A /		4. RACE	- A	5 DATE C	F BIRTH	Name of the last	6 AGE IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	1	Male		BING	cK	MONTH	8	02	79	YRS	MONTHS BATS	HOURS MIN
	716-81	RTHPLACE, AMARE	HOREON	76. CITIZEN OF	WHAT COUNTRY?	? 8			9. BALTIMORE CI			
35	M	ARY AND		45.4	1.	WIDOWE	D NEVER M	ORCED		RD COUN		MD.
10	18 ()	ITY OF TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURS II	NG HOME C	R OTHER INST	ITUTION	120 USUAL OCCU		12b. KIND C	F BUSINESS OR
0			RACE		ENS NURS	ING HO	ME		Retire		0.1	road
5	130 S	TATE DENCE OF NO	ISING HOME OF	VTY /	136. CITY OR TOV		13d INSIDE CI	TY LIMITS?	13e. STREET ADDR	SS		
	14 FA	THER'S NAME				1	15 MOTHER'S	MAIDEN NAM	WE			
10	W	11/1:Am	3	ACK	JON	25	-	FIRST うど	MIDE	4.€	Bra	dford
_		VAS DECEASED EVE		MED FORCES?	166. SOCIAL SECT	URITY NO.	17 INFORMAL	NT	Al	DDRESS		
L		NO	(ir tes, Giv	WAR OR DATES)	710-01	1-9227	E.JAX	105 81	6 Gart.	all Da.	HAG.	7/178
		Canditions, if an gave rise to it cause (a), statunderlying cau	IM. MEDIA'  y, which mediate ting the	D BY: TE CAUSE (a)  DUE TO, O  (b)	1 a	DENGOS P	1/. D	Dec	compen	sati	APPROXI	MATE INTERVAL ONLY AND DEATH & CLIPS
2	CERTIFICATION	() Jang	Hene-	Rosh	TION FOR WHICH	Deal	etes N WAS PERFOR	tnell	HALDISEASE ON C	Chro HA IF Y	ES, WERE FINDING CAUSES	T.I.
7	A.	OF CONTRACTORS OF	Camero III	707	M. MONTH D	AY YEAR	31t HOW IN	IURY OCCURR	ED (parter mature for	militer av Itijas iz	HART I GRIPART 21	
-	WEDIC	214 INJURY OCCU		71e PLACE	With the same of t	14	TH LOCATIO	N				
	WE	AT WORK	OR L	(AT HOME ST	EET PACTORS DIVICE	Falls (1C)	200001		City	34 hower.	COUNTY	STATE
		22a. I certify that (	l) (this haspi	110	n 28 108	20,00	d that in (my) (	aur) apinian a	eath accurred an t	ne date and h		that (1) (we) last causes stated
		77k SIONATUM	tus	ed c	lipon			TTENDING HYSICIAN X	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22L DATE	28/8
~		224 PHYSICS P	WAR OFFE	PRINT)	Lop. 1	nD.	22e ADDRESS		Grace	2, U	d. 21	078.

DHMH - 16 50M 1/81 (VRA 15, 4)

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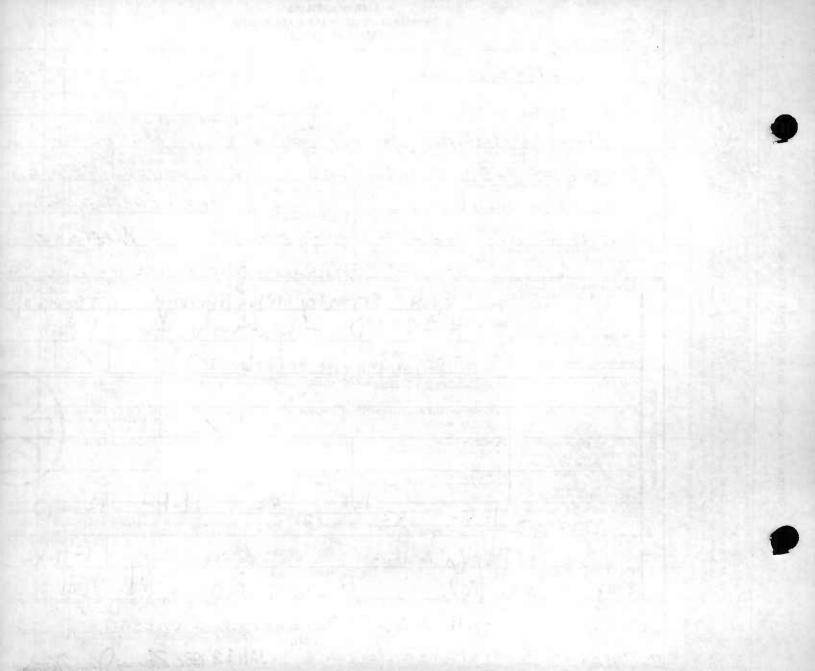
134 NAME OF CEMETERY OR CREMATORY
MT. 2001 AME, Burial Burial BEARD 353 FOUNTAI DST HOG.

23b. DATE 2-1-

Cec 250. DATE RECD. BY REGISTRAR 256 DISTRAR'S SIGNATURE FEB 2 1982 Chance Jan Marth

LOCATION CITY OR TOWN

CARCON CONTRACTOR OF THE PROPERTY OF THE PROPE	
	(M)
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Exercise Day of Grand March 19 Con and I	
The state of the s	



	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	0 1 + 4 8
(DEM )		CEASED NAME FIRST VER	MIDDLE	JONES		1 12 1982 1:57 p
(IVI)	3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD.	
	3. 30			MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
1 6 4	70 B	Female IRTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY	10 25 1900	81 BALTIMORE CITY OR C	YRS.
100 27/		COUNTRY)		MARRIED   NEVER MARRIED	HARFORD (	
the to		rth Carolina	USA	WIDOWED DIVORCED UNION	12a USUAL OCCUPATION	WI
ed wi			(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS]	(TYPE OF WORK FOR MOST OF W	
ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا		VRE DE GRACE	CITIZENS NURS		Homemaker	Home
d b	13a.	STATE 136 COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 134. CITY OR TO		13e STREET ADDRESS	
should			ford Havre		415 South M	arket Street
5 E 2	14 F.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	LAST
puo Joseph		Chris Wi	lliam Vaught	Anna		Williams
dicol		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	W 7 1 07 007
Poge		No.	213-7/1-	-8566 Harold F.Jo	nes.Sr., 276 P	Maryland 21001 aradise Rd. Aberde
ed by the attending places remove carbone rial, cremation, or removant or attention of the remove care.		Canditions, if any, which gave rise to immediate cause to in, stating the underlying cause last	DUE TO, OR ASIA CONSEQUENCE TO OR ASIA CONSEQ	UENGE OF frain	Sepedro	m
signe hen p to bur njury,	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL VISEASE OR CONDIT	ION GIVEN IN PART 110
ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY? 21	Db. IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO NO
entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN	HITEM 18 PART I OR PART 2)
s the bur and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
se o se o moi			pital) attended the deceased fram	19	to	
y the haspital RAL DIRECTOR detached for u tote Dept. of Hi VI: If Item 21 is		22b. SIGNATU	Lee	, and that in (my) (aur) apiniar  PEGRES  ATTENDING PHYSICIAN		and haur and fram the causes stated
d by	1	22d PHYSICIANS NAME IN	Original Co	22e ADDRESS	11 100	1 House

DHMH - 16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial
24 FUNERAL DIRECTOR Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399

1/16/1982

236. DATE

Bel Air Mem. Gardens

23d LOCATION CITY OR TOWN Bel Air

Harford

THE STATE OF THE S

Egrical 1/16/1982 tel ir sem. dardens tel ir Barlord Marylund Tarring Duneral coess.s., berdeen, 2.2101-3999

Howard K. McComas III, Abingdon, Md.

Epinces

- STATE

(VRA 15, 4)

F STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Management of the best of		
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	Menorial Mayor !		HAM: Le Gen
	ALTER LAND		
AND THE SAME STATES			

P

STATE OF MARYLAND

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

E.	0	1	4	5	
REG. NO.					

1	-	STA'	-	RAR
		EASE		NAA
_ `		AM.	-	F

3 SEX

FIRST DE MINT MIDDLE

Octrick

4. RACE

SISTE 5. DATE OF BIRTH

MONTH

DEC. 6

KECK KIRK

20 DATE OF DEATH MONTH JANUARY 23 AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS

2b HOUR

WhitE male To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) HATE, CO.

Harford Co.

MIDDLE

MARRIED NEVER MARRIED DIVORCED [ WIDOWED

DAY

1908

Harford Countr 12a USUAL OCCUPATION

ElEctriCIAN

73

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Cout,

IS CITY OR TOWN OF DEATH BEI Hir

MARYLAND

MATHADA

4 FATHER'S NAME

1402 Thomas RUN ROAD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 113h. COUNTY 13c. CITY OR TOWN Bed Air

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

134 INSIDE CITY LIMITS?

13e. STREET ADDRESS 1402 NO R IS MOTHER'S MAIDEN NAME

Thomas MIDDLE DAY

MAS DECEASED EVER IN U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN)

1496/ 166 SOCIAL SECURITY NO. 217-09-1828-A

LAST

17 INFORMANING 734-7272 ADDRESS Mrs. Blauche G. Kirk

EudociA-

1402 Thomas Paul Bond BEL ARE MARyland 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o.

DUE TO, OR AS A CONSEQUENCE OF

ATTENDING

190 DATE OF OPERATION

Canditions, if any, which gave rise to immediate

cause (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)

CITY OR TOWN

200.	AUTO	31:
YES		NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER)

saw the deceased alive an

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

21d. INJURY OCCURRED NOT WHILE WHILE AT WORK

22b. SIGNATURE

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased fram\_

DEGREE

, that (1) (we) last and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

abave, (I) (we) (did) (did nat) view the bady after death.

PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS

IMPORTANT: 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

CERTIFICATION

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nto! Hyg

ž ā

DIRECTOR

00

+

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY mt. Zion Meth, Ch. Com.

23d LOCATION CITY OR TOWN

COUNTY STATE Bed Air, Harbord Co. Maryland 21014

DHMH - 16 25M

ild be deta the State FUNERAL

> 24. FUNERAL DIRECTOR WILLIAM muriela Fatte

BET Ific MAMINO 21014

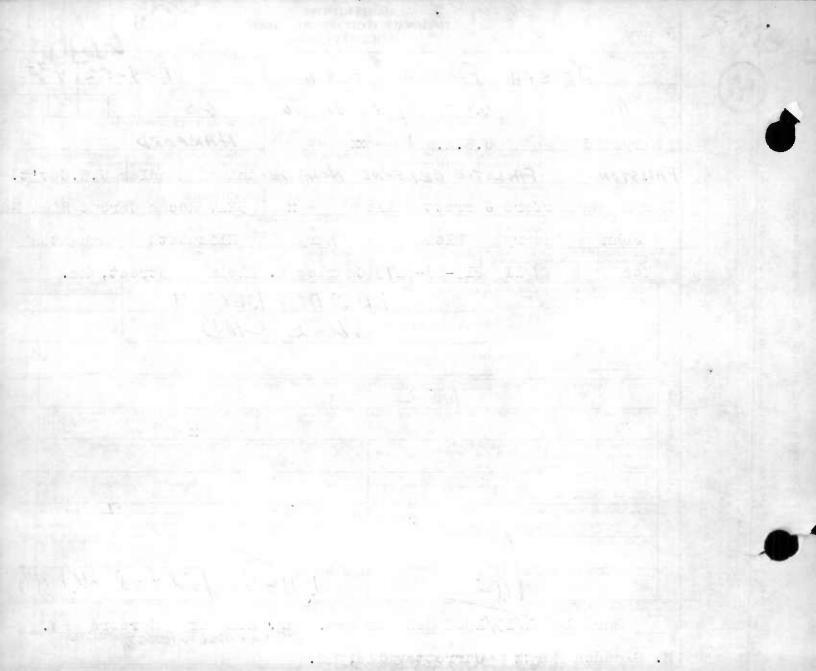
MEDICAL

(VR A 15 (4) 1 9/74

JAN. 26, 1982

W. Bronduray & Williams 47 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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myville, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

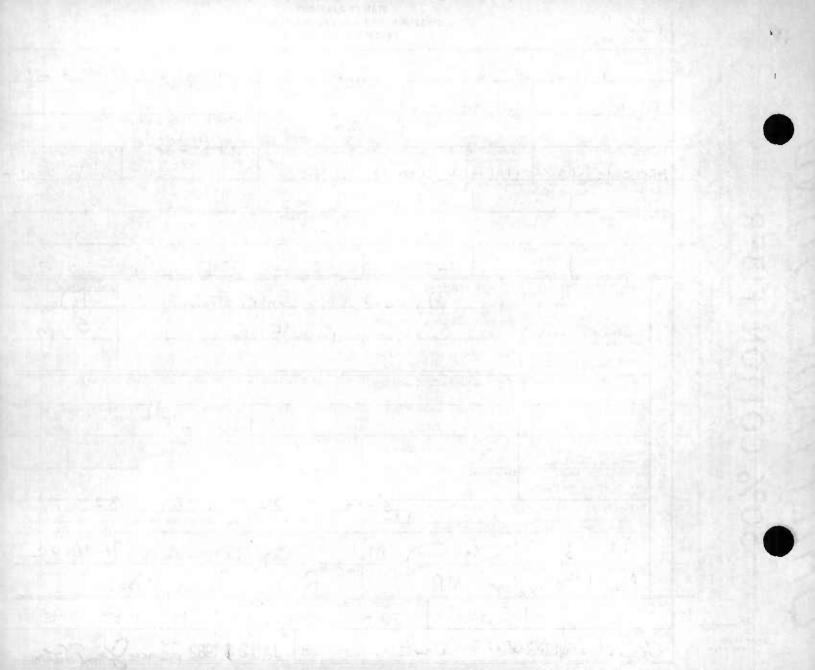
CERTIFICATE OF DEATH

FOR

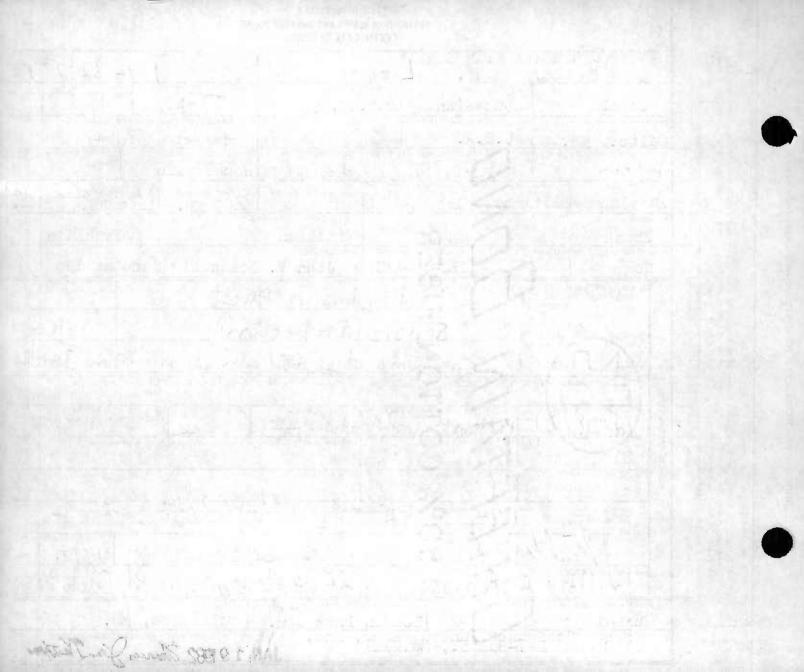
REGISTRAR

- STATE

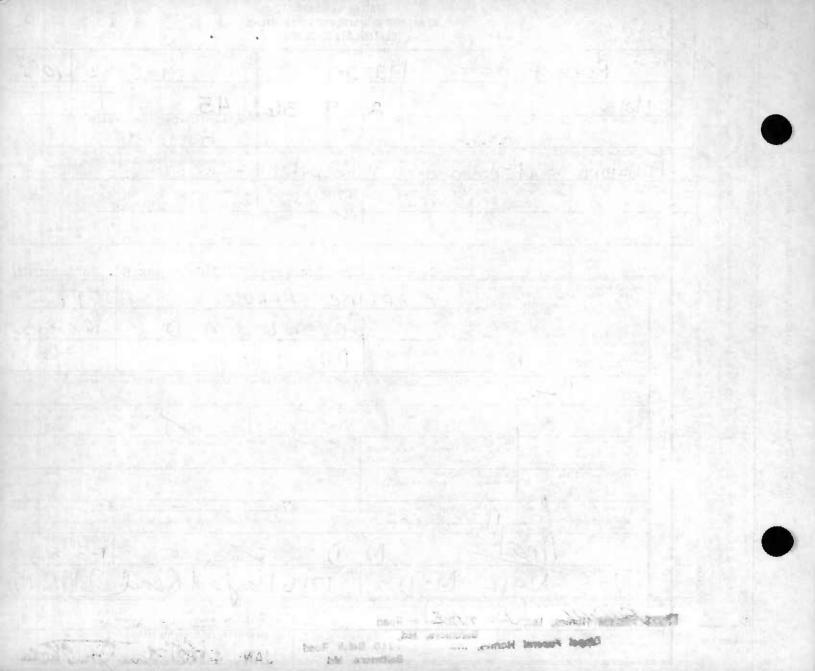
DHMH-16 30M 2/80 (VRA 15, 4)



		FOR		DEDADT		OF MARYLAND	HACIENTE S	15	nla	5 5
	1-	STATE REGISTRAR	1	DEFARI		CATE OF DEATH	. HIGIENE	REG. NO.		
, D		CEASED NAME BART	BARA E.	LOZANSK	Ī	NST .	2a DATE OF		TH DAY YEAR	26. HOUR
nay be		Darbo		Re L	02a				14 82	M
E , 2	3. SE	Female	4. RACE Cauca	ngi an	5. DATE C	EBIRTH 25, 1902 EAR		EARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.
th. Poge 4		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1		O DALTIMO		OUNTY OF DEATH	
deoth.		lto., Md.	U.S.	A .	WIDOWE	NEVER MARRIED  DIVORCED		rford	Country	MD.
by the	10. CI	WSton	IF NOT IN SU	Ston Ger	ADDRESS)	HOSPITAL		OCCUPATION FOR MOST OF WOR WITE	RKING LIFE) 12b. KIND © INDU <u>ST</u> RY	F BUSINESS OR
IAND 212	Ma		or other institution ounty Ltimore	13c. CITY OR TOW Balto.	E ADMISSION) /N	13d. INSIDE CITY LIMIT	6609	Mt. V:	Kingsvi ista Rd.	lle Md.
MARYLAND ed within 24 mpletely filler ond 2 should exomine (my)		THER'S NAME FIRST Tank	MIDDLE	Braun		Lilliar		MIDDLE	Frank	lin
	16a V	AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS		2
₽ 0 0 vi 0				212-10-		B John \	I. Lozan	SK1 S	ame as 1	
ं में से वर्ष		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	DIATE CAUSE (o)	Cal	a lo br	(recouper)	Amest		BETWEEN	MATE INTERVAL DISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The low requires that the death certi- attending physician.  Ifter this certificote hos been signed by the ottending post the burial-tronsit permit. Then pleose remove corban th and Mental Hygiene prior to buriol, crematian, or rem orked or them 18 shows ony injury, or ather troumatic ev		Conditions, if any, which	(b)	DR AS A BUSEQUE	SIS	Inte	ction)		1	neek
ol W. PRE: that the d d by the ot lease remote tol, crematition		cause (a), stating the underlying cause last	DUE TO, C	Carcino		of sigmo	od colon,	with per	toration:	3 weeks
RDS, 20	NO	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	OR CONDITIC	ON GIVEN IN PART 110	)1
LRECOR	CERTIFICATION	190 DATE OF OPERATION	196 COND	1 L. C.		WAS PERFORMED COL		, IN	. IF YES, WERE FINDIN CERTIFYING CAUSES	OF DEATH?
VITAL N: The hysician ronsit property Hygier Hygier	CERT	21a. ACCIDENT WAS UNDERLYING		OF INJURY		SIC HOW INJURY OF	CURRED (ENTERNA	TURE OF INJURY IN 1	YES	NO []
N OF VITE SICIAN: T and physici certificate urial-transi tental Hygi frem 18 sh		OR CONTRIBUTING CAUSE O	POEMIN	.M. MONTH D.	AY YEAR					
PHYS tendir this he bu nd M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY	ARM, ETC )	21f LOCATION		CITY OF TOWN	COUNTY	STATE
DIVISI DING P or after Se os the selfth and morked		AT WORK NOT WHILE NOT WHILE I	ovoital) attendedat	he decement from	12/	28 10	81	1/14	10 /2	hat the free back
TTEN ortal For us of He		saw the decepted alive above, (f) [well (did) [di			200	d that in (my) (our) op	inion death occurre	d on the date o	nd hour and from the	hot (I) (we) lost couses stated
OR he ho		77h SIGNATURE	land 8	Umor	)	PHYSICIA	MEDICAL DIRECTOR	STAFF  PHYSICIAN	22c. DATE	4/82
TO HOSPITAL TO FUNERAL should be deterwith the Store		22d PHYSICIAN'S NAME (T	YPE OR PRINT)	moss		24040	Ple asah	Trille	Rd, Falk	on M 2047
0 f 5 f 3 g	23a. E	URIAL, CREMATION, REMO		1.		METERY OR CREMAT	ORY 23d LOCA	TION	COUNTY	STATE
1000 BP		Burial	1/18	/82 Lo		Park Cen		timo re	REGISTRAR'S SIGNAL	
DHMH-16 30M 2/80 (VRA 15, 4)	970	NERAL DIRECTO SCH	oad_Bal	Funeral to., Md	. <del>2</del> 123	a Inc.	IAN 4 DA	000	O'a 7	Kether



>		1	FOR		STATE OF M.		0 0	1 1 3 %
0	1	1	STATE REGISTRAR	DEPAK	CERTIFICATE	OF DEATH	REG. NO.	
	X	1 DE	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUF
4 55	7	(TYP	Rober Rober	+ Richard	Mazar		1-	3-82 10
6 6 1	1	3. SE	X	4 RACE	5 DATE OF BIRTH		6. AGE (IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
4 000			Male	WHITE	& Sept	36	45 YR	
" Carl m	She	7a. B	IRTHPLACE (STATE OR FOREIGN		? B	EVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
1. ( 数//	35		Maryland	U.D.A.	WIDOWED	DIVORCED [	Harfor	d
Bis Pan	200	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		RINSTITUTION	126. USUAL OCCUPATION  11YPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINES
S do	8)2	11	allston		neral Ho	spital	Purchasing Ac	
in be f	e P	JUSU	AL RESIDENCE (IF NURSING HOM	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)			C. TINSULATION
24 h filled ould b	376			OUNTY 13c. CITY OR TO		SIDE CITY LIMITS?	13e. STREET ADDRESS	
	e -		aryland Ha	arford   Fallst		THER'S MAIDEN NAM	2303 Oakmount	Road
with letel	in a	14. 17	FIRST	MIDDLE LAST	13. MO	FIRST	WIDDLE	LAST
pe duo	SLC.		Karol Mazan			Frances	Kutz	
recuted and compages 1 or	0 1		VAS DECEASED EVER IN U.S.		URITY NO. 17 INF	ORMANT	ADDRESS	
× 5 0 0	nedico			S, GIVE WAR OR DATES)	0174		0202 0-1	D1 D-11-1-
ion rs. P	e u		Yes	212-34- er anly one couse per line for (a), (b), a		chice Mazar	1 2303 Oakmount	APPROXIMATE INTERVENCE ON A APPROXIMATE INTERVENCE ON A APPROXIMATE INTERVENCE ON A APPROXIMATE INTERVENCE OF A AP
not the death c by the attendir sse remove carl , crematian, or	other troumati		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	56	VERE Therus C	C.A.D	Severaly
requires the	y injury, or	TION	1	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERMI	nal disease or condition	
ne law an. has be permi	uo 2 mo	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS	PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES \( \begin{array}{c} \text{NO} \end{array} \]
N: The specific rouns of the Hygin	SS	1	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. He	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	
SICIAN ng phy certific riol-tre	8 6		OR CONTRIBUTING CAUSE OF	I DEMIN	DAY YEAR			
rySIC ding ding s cer burio	<u>#</u>	Š	21d, INJURY OCCURRED		19	CATION		
ING PHY r affer this as the b	ked or	MEDICAL	WHILE NOT WHILE AT WORK	218: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TOWN	COUNTY
Afr of the olth	E O			pital) ottended the deceased from		1976		, 19 <u>61</u> , that (1) (w
ATTEND sspital o scTOR: A d for use	.5		sow the deceased aliv	20 18	82 and that i		eoth accurred on the date and	
R ATTER hospito RECTOF red for 1	7 2		obove, (I) (we) (did) (dil	not) view the body after death.		ii (iii) (ooi) opiiioii u	com occorred on the date and	
8 4 8 9 d	#er		22b. SIGNATURE	mal	DEGREE			224 DATE SIGNED
	±		1	man	(V) \	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	11-3-8
O HOSPITAL etained by the TO FUNERAL should be det	PORTAN		228. PHYSICIAN'S NAME TO	VAIR M.	22 e. Al	DDRESS 171614	arfad Roc	d-Jallsh
Da Fra	≥	23n.	BURIAL CREMATION DEMO	VAI 23b. DATE 23c	NAME OF CEMETER	Y OR CREMATORY	23 LOCATION	
BP		•	Burial			Cemetery	CITY OR TOWN	COUNTY ST
Dr	Out-of-	[2	INTERAL DIRECTOR				BALTIMORE M	
DHMH-16 30M 2/8 (VRA 15, 4)	0 -	24. F	UNERAL DIRECTOR	neral Homes, Inc.	7110 Belair	Road	REC'D. BY REGISTRAR 25b. REC	



	1	STATE REGISTRAR			EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	
		CEASED NAME FIRST GEORGE	RACE ROSS	ÎS DATE O	CCANN		V. 9,1982
)		MAle	white	AUG	DAY YEAR	8 5 9 BALTIMORE CITY OR O	MONTHS DAYS
175	10. C	TA.	USA	MARRIED WIDOWEI		11000	ORD
Ide		AURE de ARACE AL RESIDENCE (IF NURSING HOME OR O	(IF NOT IN SUCH FACILITY, GIVE HARFOR)	Memoris BEFORE ADMISSION)	. 1 22	TYPEOF WORK FOR MOST OF W	
35		STATE 136 COUNT HOR	1.11	LINETON	13d INSIDE CITY LIMITS?  YES □ NO   15. MOTHER'S MAIDEN NA/		TLETON: R
122	160	WAS DECEASED EVER IN U.S. ARM	B. Mac	A H H SECURITY NO.	FIRE BER	a state day of	FREY LAST
ent, the medic			WAR OR DATES) 220-0	5-8385		C, HHAJSA	
ther troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS  (b) CONSTRUCT  DUE TO, OR AS A CONS	LINSULT OF	both lego	Arbythom	lin CHF
ny injury, or other troum	ATION	gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (c) ASS  ONDITIONS CONTRIBUTING	EQUENCE OF	Wortela Teles To THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1 (a)
shows ony injury, or other troum	ERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (c) DUSS  DIDITIONS CONTRIBUTING  196 CONDITION FOR W	EQUENCE OF	Worlds NOT RELATED TO THE TERM WAS PERFORMED	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)  TO SET IN PART 1(a)
or Item 18 shows ony injury, or other troum	MEDICAL CERTIFICATION	gove rise to immediate cause (o1), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EMPER NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED	DUE TO, OR AS A CONS  (c) DUSCONDITIONS CONTRIBUTING  196 CONDITION FOR W  216. TIME OF INJURY HOUR A.M. MONTH	GOUENCE OF THE PROPERTION OF THE PROPERTIES OF T	Wortela Teles To THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1 (a)  IDN IF YES, WERE FIND INI N CERTIFYING CAUSES ( YES  NITEM 18, PART 1 OR PART 2)
Item 18 shows ony injury, or other troum	MEDICAL CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EMPER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER) 220. I certify that (I) (this haspito saw the deceased alive an above, (I) (we) (did) (did not)	DUE TO, OR AS A CONS  (c) PROS  DIDITIONS CONTRIBUTING  196 CONDITION FOR W  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O)  otherwise of the deceased for the decea	BIODEATH BUTT HICH OPERATION  DAY YEAR 19 FEKE FARMETC)	WINDLES  NOT RELATED TO THE TERM  WAS PERFORMED  216 HOW INJURY OCCURS  217 LOCATION STREET  19 8 1  d that in (my) (our) opinion of	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1 (01)  Ob. IF YES, WERE FIND INC N CERTIFYING CAUSES C YES  NITEM 18 PART 1 OR PART 2)  COUNTY
Item 21 is morked or Item 18 shows any injury, or other troum		gove rise to immediate cause (o1), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EMPTER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this haspito saw the deceased alive an ancast of the cause of the cause of the cause of the deceased alive an ancast of the cause of the deceased alive an ancast of the cause of the	DUE TO, OR AS A CONS  (c) PROS  DIDITIONS CONTRIBUTING  196 CONDITION FOR W  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, o)  view the body ofter death.	BIODEATH BUTT HICH OPERATION  DAY YEAR 19 FEKE FARMETC)	NOT RELATED TO THE TERM  WAS PERFORMED  216 HOW INJURY OCCURE  217 LOCATION STREET	INAL DISEASE OR CONDIT	Ob. IF YES, WERE FINDING N CERTIFYING CAUSES CYES  NITEM 18 PART   OR PART 2)  COUNTY  19 22, the and hour and from the ce
Item 21 is morked or Item 18 shows ony injury, or other troum	MEDICAL	gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EMPER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  22d. I certify that (I) (this haspito saw the deceased alive an abave, (I) (we) (did) (did not)  22b. SIGNATURE	DUE TO, OR AS A CONS  (c) PROS  DIDITIONS CONTRIBUTING  196 CONDITION FOR W  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, o)  view the body ofter death.	HICH OPERATION  DAY YEAR  19  FEKE EASMLEIC)  TO DEATH BUTT	WINDLEST NOT RELATED TO THE TERM  WAS PERFORMED  21c HOW INJURY OCCURE  21f LOCATION STREET  19 8 1  4 that in (my) (our) opinion of the physician of the physi	INAL DISEASE OR CONDIT  200 AUTOPSY?  YES NO PROPER NATURE OF INJURY IN  CITYOR FOWN.  The property of the date of	Ob. IF YES, WERE FINDING N CERTIFYING CAUSES CYES  NITEM 18 PART   OR PART 2)  COUNTY  19 22, the and hour and from the ce

AND DESTRUCTION OF THE RESERVE OF THE PROPERTY CHARLES BUT ME CARE EARLY EARLY a M. Hatte Hamad James 2 - 79 att yant M. 19. 11. 11. 12. The state of the s of the of stages of contract of works

(VRA 15, 4)

	5	TA	TE	OF	M	ARYL	AN	D	
ARTME	NT	OF	HE	AL	TH	AND	ME	NT	à
					-	-			i

DEP AL HYGIENE

	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGII CATE OF DEATH	ENE S REG. NO.	0 1 7	3 8
	1. DECEASED NAME FIRST (TYPE OR PRINT) ANN A	ELIZABETH /	1cFA	DDEN	20. DATE OF DEATH M	1-15-82	1:45 M
	3. SEX4	race W	Dec.	DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	DAY)  IF UNDER 1 YEAR  MONTHS DAYS  YRS.	IF UNDER 24 HRS HOURS MIN.
5	Baltimore		WIDOWE	DIVORCED D	HAR FOR	COUNTY OF DEATH	MD.
de	HAURE dEGRACE;	/ 4 / - / - /	DORESS)	ROTHERINSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Housewif	WORKING LIFE) INDUSTRY	F BUSINESS OR
L	USUAL RESIDENCE A F NURSING HOME OR OTH 13th STATE	THER INSTITUTION, GIVE RESIDENCE BEFORE A Y FORD DEL A		YES NO	13e. STREET ADDRESS 4/27 Phil	A DELPHIA	Rd.
20	John Harr	ris Butschky		15. MÓTHER'S MAIDEN NAM Annie	Elizabeth		
	160. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W			Mrs.Patricia	N. Trout 10	S Bel Air,Md. 03 W.Heather	Road
	18 CAUSE OF DEATH (Enter only part I. DEATH WAS CAUSED BY IMMEDIATE (Conditions, if ony, which gove rise to immediate couse (a), stating the	BY: Mr. CZ	notion sch	d infact	t scular d	APPROXI. BETWEEN	IMATE INTERVAL ONSET AND DEATH
	underlying couse lost.  PART 2. OTHER SIGNIFICANT COL	ONDITIONS CONTRIBUTING TO DI	I	discose		TION GIVEN IN PART 1(0	
2	RTIFIC		JI EKATION		YES NOD	IN CERTIFYING CAUSES YES	OF DEATH?
9		P.M.	Y YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART ) OR PART 2}	
-	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER. NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY HELE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC )	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE

22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased plive on 19.

SIGNATUR

that (I) (we) last

that in (my) (our) apinion death occurred on the date and hour and from the causes stated

22e ADDRESS

MEDICAL STAFF DIRECTOR | PHYSICIAN |

23a. BURIAL, Burial

CREMATION, REMOVAL 23b. DATE Jah.

1982

231. NAME OF CEMETRY OR CREMATORY
Moreland Memorial P

DEGREE

23d. LOCATION CITY OF TOWN

COUNTY

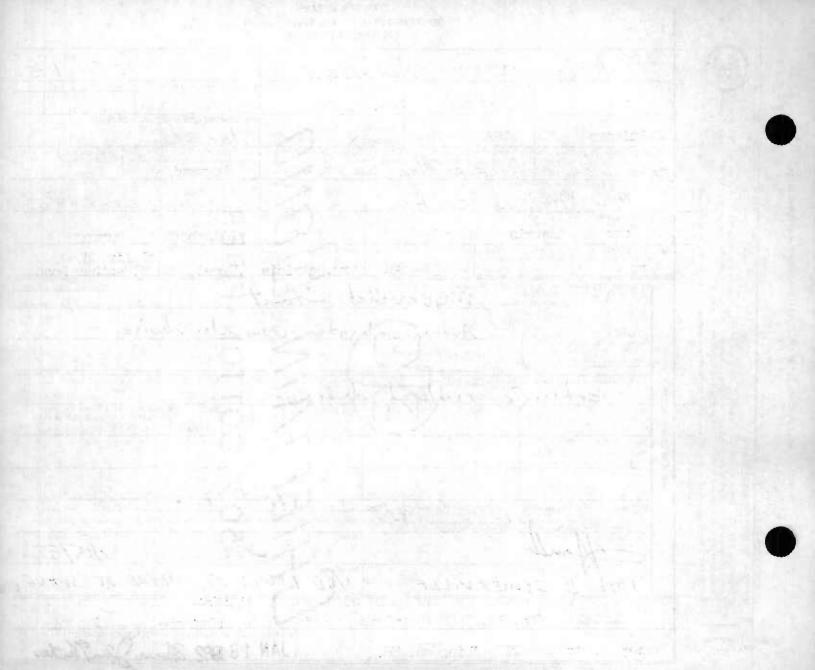
STATE

24 FUNERAL DIRECTOR DHMH-16 30M 2/80

Abingdon, Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAN

Howard K. McComas III



STATE OF MARYLAND

omita densel earnice

213-16-9652 Toyos J. Licasel, Compress M. March Claric

Burial o Jan 1902 Grove Prospyterian increon Mariord Arviend farring Puncral Home, P. A., Aberdeen, M., 210 1-3599

V=2.7.

	- STATE REGISTRAR			DEPART		CATE OF DEA			G, NO.		0 1
(M)	1. DECEASED NAME (TYPE OR PRINT)	William	Fre	derich	Mic	ieller	2	o. DATE OF DEA	TH MONTH	DAY YEAR 05 82	26 HOUR 15
ector. rs official	3. SEX Hole	0	1 RACE CO	U	S. DATE O	F BIRTH	YEAR 3	AGE TIN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
72 hou	70. BIRTHPLACE (SI			WHAT COUNTRY?	8 MARRIEI	NEVER MAR	RIED 9		TY OR COUNT	Y OF DEATH	
Stiffed of	Wisconsi TO CITY OR TOWN OF FO//ston	OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)	R OTHER INSTITU	TION 17		JPATION AOST OF WORKING LI	IFE) INDUSTRY	MD. DF BUSINESS OR
ould be fill	USUAL RESIDENCE 130. STATE	IF NURSING HOME OF	VTY		ADMISSION)	13d. INSIDE CITY L	LIMITS? 13	Mechani  STREET ADDR	ESS		Packing,
exominer	14. FATHER'S NAME FIRST	rick	WIDDLE	Mueller		15 MOTHER'S MA	AIDEN NAME	3903 ST		ueller	ī
s. Pages e medicol	160 WAS DECEASED TYES NO OR UNKNO	WN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)  -1966	393-36-		17 INFORMANT Edna L.	Muelle		DDRESS	2	1154 eet. Md.
ding physic arbonpape or removol. atic event, th	18 CAUSE OF PART I. DE.	DEATH (Enter on ATH WAS CAUSE IMMEDIA)	D BY. TE CAUSE (a)	Cond		arrest	+			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
by the otten sse remave c I, cremation, other traumo	gove rise to	f any, which immediate stating the couse last	(0)	R AS A CONSEQUE		ma	lau	nge			
n signed k Then pleo r to buriot, injury, or o	PART 2 OTHE	RSIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D			THE TERMINA	AL DISEASE OR	CONDITION GIV	/EN IN PART 10	3
grene prio	190 DATE OF C			ITION FOR WHICH	OPERATION			200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES []	OF DEATH?
is certificate buriol-transi Mental Hygi or Item 18 sh	OR CONTRIBUTION	G CAUSE OF DEA	) P.	OF INJURY  .M. MONTH DA  .M.  OF INJURY	Y YEAR	216 LOCATION	Y OCCU <b>rre</b> d	(ENTER NATURE OF	FINJURY IN ITEM 18. F	PART 1 OR PART 2)	
After this e os the k alth ond i	AT WORK	NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE F	1	STREET	80	Dan	ORTOWN	COUNTY	STATE
IRECTOR: hed for us ept. of He tem 21 is		eceased alive on		ofter death.	, one	1	opinion dea	. 10	he date and hou	or and from the	
FUNERAL DId be detacl	22d. PHYSICIAN	VS NAME (TYPE O	O UY	30	M	ATTEN	NDING D	AEDICAL DIRECTOR PH	STAFF IYSICIAN [	1/0	0/82
TO FUNERA should be diwith the Sto	PSET 23a. BURIAL, CREMA	ION REMOVAL	TEY 123b, DATE	ZA	IAME OF CE	1131 BA	thire	PiK.	Bel A	in, m	4. 2/0/9
OM 1/B1	(SPECIFY)  Removal/F  24 FUNERAL DIRECT	urial	10 Jar			tist Cem	etery	Sparta	/N	any N.C	
15, 4)	Tarring F	uneral H	Home, P.A	A., Aberde	en, Md.	21001-33	AN	1 1 1982	Trances	Jan 71	arther

STATE OF MARYLAND

TOLIL LECC : n Conardo en racing. toria erdire. Diel ra. A 3903 Burnes Took rederice Balle weller. res 1950-1966 99-36-0012 sens 1. mulicipasta direction, direction,

Ter v 1, mentil 10 dun. 1922 Lion laptist Jene Gry Jenes. Lie new L. evolute Levins Jenes Come, L., percen, C. 21001-3399

: 6		FOR STATE	a-22a Fi.		DEPARTMEN	STATE OF NT OF HEALT AMINER'S	H AND MEN	NTAL HYGIE	-Fig. 10-70	0	1 9	6	2
	1. DE	REGISTRAR CEASED NAM	F FIRST	ME	MIDDLE	AMINER 5	CEKTIFIC/	ATE OF DE	28. DATE KNOV	G, NO.	TH DAY	YEAR	2b. HOUR
ш ю .	(TYI	PE OR PRINT)		N.E.			NALIL I		OF EST	-	)		ZB. HOOK
PIESS FILES HOUR STREET	3. SE	URA	MAX I	S. DATE OF BIRTH	A .	GE (IN YEARS   IF L	MULL	UNDER 24 HRS	DEATH MATE	NON	13	19 82	2d. HOUR
				MONTH DAY		ST BIRTHDAY) MON		HOURS MIN.	PRONOUNCED	MOIN	17	111	26. HOUR
N V V V V V V V V V V V V V V V V V V V		emale	white	76. CITIZEN OF W		9 YRS.			9. BALTIMORE O	TITY OR COL	13	1982	M
NECESSARY UNFERAL DIF WITHIN 72 W. PRESTON	FC	DREIGN COUNTRY)				MAR	RIED NEVE					DEATH	
LD. 21201  IF ANY DELAY IS NEC. 2, AND 3 TO THE FUN. 3. RETAIN PAGE 5 F. 2 SHOULD BE FILED, WI. AL RECORDS, 201 W. P.	NO	orth Ca	rolina	11. NAME OF HO	ISA SPITAL NEIDSING	WIDO		DIVORCED 1	Harfor SUAL OCCUPATIO			ND OF BU	MD.
A PEEE A PEEE				(IF NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)		FO	R MOST OF WORKING LIF		0	RINDUSTR	8Y
N N N N N N N N N N N N N N N N N N N			e Grace	Harford OR OTHER INSTITUTION, G		al Hospi	тац	Che	emist		Mai	nufac	turin
Z1201 AAND 3 AAND 3 RETAIL	13a. S	TATE	13h COUN	1TY	13c. CITY OR 1	OWN	13d. INSIDE CITY		REET ADDRESS				
D. 21 SHORT		aryland		ford	Aberde	en			07 Garret	t_Cour	t		
E, MO.	14. 1	ATHER'S NAM		WIDDLE	LAST		15. MOTHER'	S MAIDEN NAA	AE MIDDLE			LAST	
TIMORE, MI	140.	Felix	D EVER IN U.S. AR	HED FORCES	Mull	SECURITY NO.	Bes:	sie	ADI	Sh	upin	3	•
BALTIMORE, MD. S AFIER DEATH, IF GIVE PAGES 1, 2, I'TH FORM PM 3, PAGES 1, AND 2 SI WISION O'WITAL	100.	res, no, or unkno	OWN) (IF YES, GIVE	WAR OR DATES)						Maryl Stree	and a	21.001	
URS AFT URS AFT 8. GIVE WITH F T. PAGE DIVISIO	$\vdash$	No			215-32		Ned M	ull, 309	S. Parke	Stree			
DS, 201 W. PRESTON ST., BALTIMK KECUTED WITHIN 24 HOURS AFTER MG" IN PENCIL IN ITEM 18. GIVE PA AL EXAMINER ALONG WITH FOR BURIAL - TRANSIT PERMIT. PAGES I, AND MENTAL HYGIENE, DIVISION ATION, OR REMOVAL.		18 CAUSE C	OF DEATH (Enter or EATH WAS CAUSE	nly one couse per line D BY:		_	-1				BET	PPROXIMATE WEEN ONSET	AND DEATH
STON SI V 24 HO V ITEM I ALONG IT PERM YGIENE		59	MMEDIA	TE CAUSE (o)		pyelone	partus						
WO AND WASH		Conditio	ns, if any, which		AS A CONSEQ	UENCE OF							
RANGE RANGE	-	gove ri	se to immediate ) stating the under-	(b)									
, 201 W. PRES UTED WITHIN I'N PENCIL IN EXAMINER . RIAL-TRANSI ION, OR REM		lying car		DUE 10, OR	AS A CONSEO	UENCE OF							
S S S S S S S S S S S S S S S S S S S		BARY & CYNER C	PURISHER CONOUR OUT	(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGENE, DO PRIOR TO BURIAL, CREMATION, OR REMOVAL.	2	PART 2 UTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	ison's		ASE OR CONDITION G	IVEN IN PART 1 (a).					
L COANT	CERTIFICATION	190. DATE OF	OPERATION			H OPERATION	WAS PERFORMI	ED?			20	AUTOPSY?	
SHOULD OND "PE CHIEF A E USED / T OF HE/ URIAL, C	F											YES X	NO 🗆
OF VITA  ATE SHO  THE CHIE  THE CHIE  TO BURIY		210. EXTERNA	AL CAUSE WAS	21h TIME O		21c	HOW INJURY O	CCURRED (ENTE	R NATURE OF INJURY IN	TEM 18 PART 1 C		120 23	110 🖸
ONO JIFICA JARTA AARTA AARTA		UNDERLYING	G OR NG CAUSE OF		A. MONTH DAY	YEAR							
/ISIO FERTIF ING ING B 3 SHC	MEDICAL	21d INJURY	-	21e PLACE	OF INJURY (AT		OCATION						
DIVISION OF VITAL R  BE: THIS CERTIFICATE SHOULE ORWARDED TO THE WORD "P OR! PAGE 3 SHOULD BE USED HE STATE DEPARTMENT OF HE ND, 21201 PRIOR TO BURIAL,	3	AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
RWA RWA STA STA	1						ipsy 💟 ,						
A Z Z Z Z Z Z Z	1		,	ge of the remains de				Inspection	Inquiry	and in m	apinion		
CERTIFICATION OF THE WITH WARYL	1	, deoth result	ed fram: Notu	ral causes [ ,	Accident	, Suicide L	, Hamicid		etermined monner				
X S S S S S S S S S S S S S S S S S S S		ACTUAL		1 mas	JW 2	_	TITLE (SPE M.D. ASS I S	1 . 1		DA		1-14-	-82
SE SE SE	1	SIGNATURE		1 7	10	_	M.D. <u>ASS 15</u>	STALL ME	DICAL EXAMINER	SK	SNED	1-14	02
ARD CUTE FINA FINA FINA FINA FINA FINA FINA FINA		EXAMINER'S (TYPE OR PRI	NAME AN	n M. Dixo	n, M.D.		ADDRESS	111 Pe	enn St.				
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARER DEATH WITH THE ST. BARTIMORE, MARYLAND, 2.	23o.B	URIAL, CREMA	TION, REMOVAL			OF CEMETERY	_ADDRESS OR CREMATOR	Y [23d.	LOCATION				
BP	(	SPECIFY)		1/16/82		ir Mem.		CI	TY OR TOWN		OUNTY	-	ATE
	24. F	UNERAL DIREC				Tr Meni	Garden	o. DATE REC'D.		arford REGISTRAR		TURE	
DHMH - 17 (VR A15 ME (5))	m.	NAME	Europe 1	Home P.A.		m Md OT	003 230	141	N 1 8 1982	The	wy	and the	Salar
15M2/80		and mis.	runeral	uome F .A.	ADELGE	ا کماناتولان	OOT-273	7 (19)	TI U IUUL	-	100		

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215-32-3251 sed sall, 309 S. rasks Street, descript

Burdel Lichts and the same of the Salate Large

Larrier Sungal Lore, ..., abgrissen, ... 2101-3399 - 2511 E.

1	FOR		D	EPARTMENT OF	HEALTH AND MENTAL	HYGIENE	0	9 6	3
	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S CERTIFICATE	OF DEATH REG	NO.	No. 154	
1. D	ECEASED NA	ME FIRST		MIDDLE	LAST	20. DATE KNOWN	MONTH	DAY YEAR	2b. HOU
,	Tr E OK PRINTI	Berna	rd Armi	stead	Murphy	OF ESTI- DEATH MATED		11 1982	1:3
3. S	EX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD		R 24 HRS. 2c DATE  MIN PRONOUNCED	MONTH	DAY YEAR	2d. HOU
	Male	Cau.	8 27	19 62 Y	Morting DATS HOOKS	DEAD	1	11 1982	1:32,
a.	BIRTHPLACE FOREIGN COUNTR	(STATE OR Y)	76. CITIZEN OF WH	AT COUNTRY?	MARRIED NEVER MAR	RIED . P. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
,		MD	USA			CED 🛛 Hart			MI
J. 1	CITY OR TOW		1 HE NOT IN SUCH FAC	HITY GIVE STREET ADDRESS!	, OR OTHER INSTITUTION	12d USUAL OCCUPATION FOR MOST OF WORKING LIFE) MECHANIC	(TYPE OF WORK	OR INDUSTR	RY
ISI		De Grace	Harford  ME OR OTHER INSTITUTION, GIVE	Memorial	lospital	Mechanic		U.S. G	ov't
130.	STATE	136 COL	YINL	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
14	MO		larford	Havre De l		102 110220110	e St.		
14.	FATHER'S NA		MIDDLE	LAST	15. MOTHER'S MAIL	WIDDLE		LAST	
60	Berr	iard SED EVER IN U.S. A	H.	Murphy 166 SOCIAL SECURIT	Mary	E/CE ]		Copsey	
100	YES, NO, OR UNK		VE WAR OR DATES)	215-18-05		Croushorn 5	101 De	wey Dr	ive
-					73 1 3	A.	lexand	ria, V	a .
	PARTI	DEATH WAS CAUS	only one couse per line f SED BY:	1		1		BETWEEN ONSET	AND DEAT
	11	) IMMEDI	IATE CAUSE (a)	(DR	- 1	old Difcele			
	Condit	ions, if ony, while		AS A CONSEQUENCE					
-	gave	rise to immedia	te (b)		ASCID	•			
		(a) stating the <u>unde</u> ouse lost.	DUE TO, OR A	S A CONSEQUENCE	OF.				
			(c)						14.0
1,	PART 2 DTHE	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERM	INAL DISEASE DR CONDITION GIVEN IN P	'ART 1 (a),			
CERTIFICATION	10 5 155								1
S	IVO. DATE	OF OPERATION	196 CONDITI	ON FOR WHICH OPER	ATION WAS PERFORMED?			20 AUTOPSY?	,
RTIF	A) EVIED	LIAL CALISTINAS						YES 🗌	NO X
	UNDERLYIN	NAL CAUSE WAS	11b. TIME OF HOUR A.M.	injury Month Day Yeaf	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	A 18 PART 1 OR PAR	T 2)	
MEDICAL	CONTRIBU	TING CAUSE O		19					
AED	WHILE	OCCURRED	STREET FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COU	INTY	STATE
	AT WORK	NOT WHILE							
			arge of the remains descr	ribed above held an	Autopsy , Inspecti	an 🗱 Inquiry 🗌	and in my opi	nion	
			tural couses XX		icide , Homicide	Undetermined manner	7	·····	
	gediii 1e si	0		Addeny L., St	ITLE (SPECIFY)	Ondetermined manner L	٦.		
	ACTUAL SIGNATUR	Luce	16/2	leys	M.D. Deputy		DATE	D 1-12-	92
	SIGNATUR				M.D. DEDUCY	MEDICAL EXAMINER	SIGNE	0_1-1/-	07
-	EXAMINER (TYPE OR P	S NAME	is E. Renje	el. M.D.	ADDRESS 464 A	Alliance St. Ha	avre De	Grace	MD
23a	BURIAL CREA	ATION REMOVAL			METERY OR CREMATORY	23d LOCATION		orare.	
	Buria	1	1-14-82		terans Cem.	Cheltenhar	P G	. , Mary	ATE DODG
24	FUNERAL DIR			1,00		REC'D. BY REGISTRAR 256. R			70110
Н	NAME	Funeral	Home Wa	ldorf. Ma		JAN 1 8 198	12.	Dunllar	Lynn
	41100	. AHETOT	riume. Wa	LUULI . I'i	STATOLIN !	AND THE PARTY	AT WEST WAY	A Prince of the Park of the Pa	AND ROBER

, STATE OF MARYLAND

Fig. 13. U.S. mint don to fall family fellowed bootings to use a constant vascol nylaw yan orogou .M, byenyal ay and great fire Starte Care Verry unit Starten was the start of CONTRACT PROPERTY Lul. named out acom to contain And .... to the live a state of the first to the live of th dunct funeral done, (please, 1 sylund | bar | June 1 Sylund |

	1.	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIEN	IE 8 2	0	1 9	6
1		CEASED NAME FIRST (OR PRINT) MYRT	LE F	£	PARKER	20	DATE OF DEATH	A DIMOM	1982	26. HOU
1	3. SE		4 RACE	- 3	5 DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRT	HOAY)	IF UNDER I YEAR	IF UNDER
3	90	Pamal a	White		MONTH OAY 1890	YEAR	07	YRS.	MONTHS DAYS	HOURS
e e		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?		9	BALTIMORE CITY O		OFDEATH	
2		OUNTRY) Maryland	USA		MARRIED NEVER MAR WIDOWED DIVOR		Harford			
9	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING	HOME OR OTHER INSTITU	ITION 12	a USUAL OCCUPATION	NC	12b. KIND O	F BUSIN
100	На	vre de Grace	Citizens	Marei no		(1	Type of work for most of Homemaker		E) INDUSTRY Home	
e e	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE A	DMISSION)				TIONS	
127				city or town			street address 318 Paradi	so Po	ad	
o o		ATHER'S NAME			15 MOTHER'S MA	AIDEN NAME		se no	au	
mo 7]		FIRST	MIDDLE	LAST	EIRST		WIOOLE		LASI	
0	16n \	George VAS DECEASED EVER IN U.S. A		YEWS SOCIAL SECURI	TY NO. 17 INFORMANT		ADDRE	SS	Vallian	
medico			VE WAR OR DATES)	15-10-30			ker, 348 Pa	Ma	ryland	210
the 1		NO IS CAUSE OF DEATH (Enter of					Ker Dato III		APPROXI BETWEEN C	MATE IN
ent,	- 0	PART I. DEATH WAS CAUS	ED BY.	alvere	ed Coschras	l at	heroselen	ris	BETWEEN	YR
ic ev		II D M A	ATE CAUSE (o)	24-4 5040	Coper in	( )-11	10-10-10		2	
to the		73/0	DUE TO, OR AS	A CONSEQUEN	CE OF					
fran		Conditions, if ony, which gove rise to immediate	(b)						1 10 1	
the		couse 10% stoting the underlying couse lost	DUE TO, OR AS	A CONSEQUEN	CE OF					
ury, or c	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINA	AL DISEASE OR CONI	DITION GIV	EN IN PART 10	) '
<u>-</u>	CERTIFICATION	190 DATE OF OPERATION		N FOR WHICH C	PERATION WAS PERFORME	ED	200 AUTOPSY?	170h IF YES	, WERE FINDIN	ICS HS
050	FIC	DATE OF GLEANION	The Condition	TON WITHER O	LIMITON TINGTEN ONNE			IN CERTIF	YING CAUSES	OF DE
Show	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN.	HIPY	71r HOW INJUR	OCCUPPED	YES NO		S []	NO
6		OR CONTRIBUTING CAUSE OF D	HOUR A.M.		YEAR	OCCORRED	(EMIEK MATURE OF INJUR	TIN HEM 10, P	ARI I ORFARI 2)	
Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF IN	111101	19 211 LOCATION			SC 1103		
o P	MEC	WHILE NOT WHILE		ACTORY, OFFICE, FAR			CITY OR TOW	N	COUNTY	
ork		AT WORK — AT WORK —								
15 17		22a I certify that (I) (this has	4 / 3 17	E2 10	9-21	19_	. to	-		that (1)
12.0		sow the deceased alive a obove, (1) (ve) (did to			ond that in (my) lour	opinion deo	th occurred on the do	te and hou	r and Irom the	couses
Her		226. SIGNATURE	0 1 _	1	DEGREE		fier con		22c. DATE	
		3/01	unkell	de	ATTE PHY	SICIAN DE	MEDICAL STAF	IAN	1-2	7-
		27d PHYSICIAN'S NAME (TYPE	OR PRINT)	10 40 3	22e ADDRESS		- 45			
		B.I. Plun	kett. Jr.	M.D.	617 W.	Rel Ai	r Ave. Ab	erdee	n. Md.	210
	23a.	BURIAL CREMATION, REMOVA			ME OF CEMETERY OR CREA		73d LOCATION			-
		SPECIFY) Burial	1 Feb. 1	982 To	raine Park C	em_	Baltimore	Ci t	v Marv	l an
	24. F	UNERAL DIRECTOR	TEU L		THE TAIR O	250. DATE R	EC'D. BY REGISTRAR	25h, REGIST	RAR'S SIGNAT	URE
	Ta	rring Funeral	Home P.A.	Aberdeer	.Md.21001-33	PFR S	1982	france	Janto	14

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	probable	Ž.	LE CARR	traine
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Charles I and Charles				
and the second	The Colorest	. Jerman	(3)5-1,0-3021	0
	ાતાન પંચવે <sub>દ</sub> વસાવાન			0

Partie source Son Perryville, Maryland

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

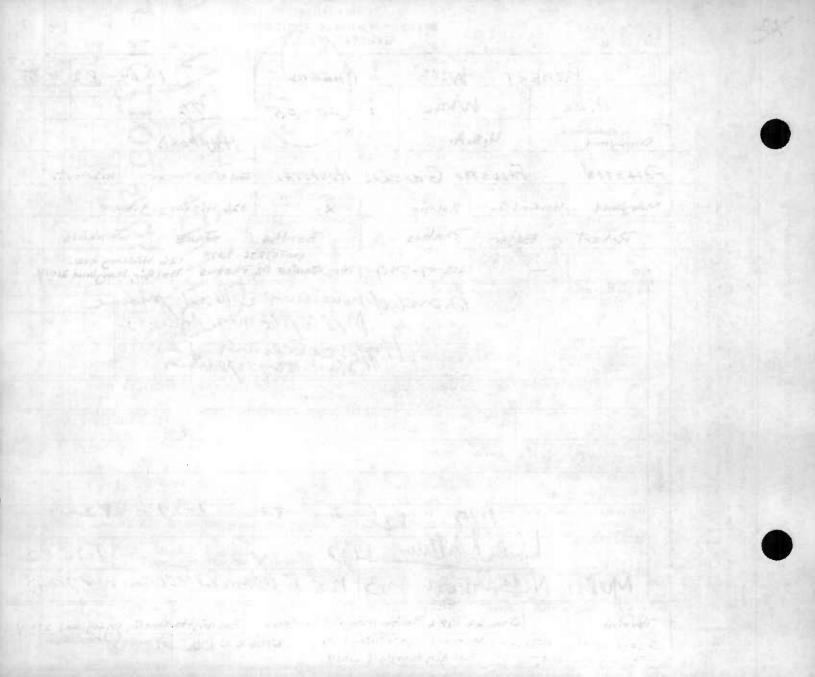
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(VRA 15, 4)

Benefit William Politics of the transfer of the Market Stavo Slunc Lionari. form of Ence with Manager Tribital Y STEEL AND THE THE RESIDENCE TRANSPORT ASSESSMENT OF THE PARTY OF THE PA

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Howard K. McComas III, Abingdon, Md.

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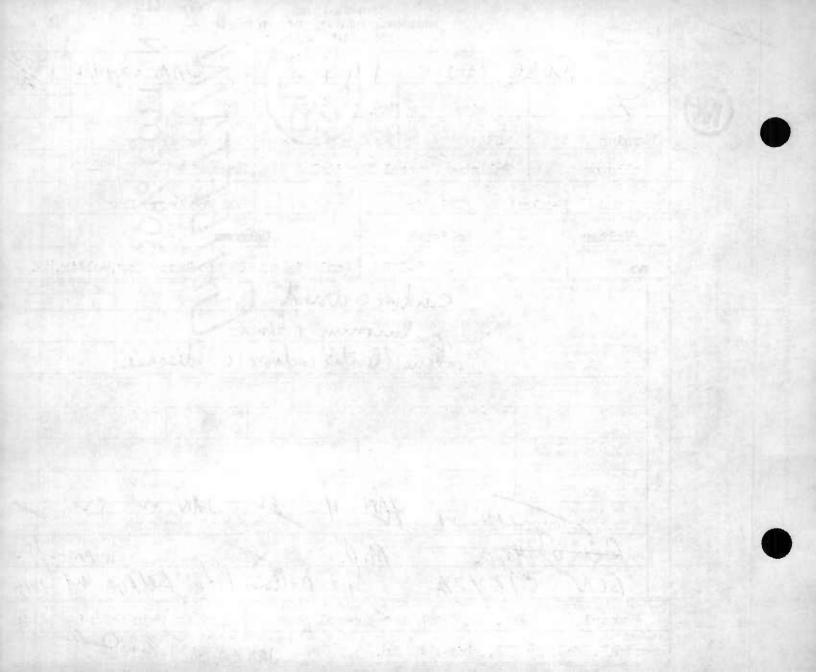
(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



-	-					MARYLAND		
	1-	FOR STATE	AAI			H AND MENTAL I	DE DEATH	0 1 7 6 8
	-	REGISTRAR FASED NAME FIR		MIDDLE	IIIVEK 3	CERTIFICATE	KEO. IV	
		CENSEDIVATE		MIDDLE	01	LASI	OF ESTI-	MONTH DAY YEAR 16 HOUR
		W		te	F	ummel	DEATH MATED	1-2/ 1982 11:06
	3. SEX		5. DATE OF BIRTI	H YEAR 6. AGE I	RTHDAY) MON	NDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE  MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR
ı		MW		1913   68	YRS.	DATO HOOKS	DEAD	1-2/ 1082 8.M
1	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	78. CITIZEN OF	WHAT COUNTRY?	8. MARE	RIED   NEVER MARE	RIED 9. BALTIMORE CITY	OR COUNTY OF DEATH
5	V	irginia	USA		WIDO	WED X DIVOR	CED Harford	MD.
-7	10 CI	TY OR TOWN OF DEATH	II. NAME OF HO	OSPITAL, NURSING H		HER INSTITUTION	120 USUAL OCCUPATION   TYPE FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
4	F	allston		n General		al les	Mason	Construction
3	USUA 13e. S	L RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE AD	MISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	
3			rford	Bel Air	VN.	YES NO NO		Road
-		THER'S NAME				15 MOTHER'S MAID	EN NAME	
1		FIRST	MIDDLE	LAST DI TENERO DE LA ST	400	Clo and a total	MIDDLE	LAST
-	16a V	AMOS VAS DECEASED EVER IN U.S		Plummer	URITY NO.	Charlott 17 INFORMANT	ADDRESS	
			GOVE WAR OR DATES)	03.7 03.3	600	01- 3 5	Bel Ai	r, Md, 21014
		18 CAUSE OF DEATH (Ent		1217-01-1	053	Charles	Plummer, 2820 (	reswell Road
	1	PART I DEATH WAS CA	AUSED BY:	0 8 11	o me		- 0 inlant	BETWEEN ONSET AND DEATH
	153	4100 IMM	EDIATE CAUSE (a)	OR AS A CONSEQUEN	ICE OF	gorara	or marco	con Minutes
3 2 5 0 1		Canditians, if any, v		AS A CONSEGUE	CE OF	1. 10-	A	Wa
	-	gave rise to imme	diate (b)	Cocon	ary	crong	NESS	- gars
		lying cause last.	DUE TO, C	DR AS A CONSEQUEN	ICE OF V	,		
			(c)					
	,	PART 2 OTNER SIGNIFICANT COND	ITIDMS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN IN P	ART 1 (q).	
	2	IA DATE OF ODERATION	Ton conf	TION LEGIS VINISHIS	NOTE A VIOLEN	ALL SEPTEMBERS		Tai idealana
7	2	190 DATE OF OPERATION	196 CON	DITION FOR WHICH (	DPERATION V	VAS PERFORMED?		20 AUTOPSY?
	CERTIFICATION	OF EVERNING AND		0.5.0.111.00	l an			YES NO
2		210 EXTERNAL CAUSE WA		OF INJURY .M. MONTH DAY	YEAR 21c. F	IOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MEDICAL	CONTRIBUTING CAUSE		.M. 11				
	AED	21d. INJURY OCCURRED  WHILE NOT WHILE	STREET F	E OF INJURY (AT HOA ACTORY, FARM, ETC.)	AE, 211. LC	OCATION STREET	CITY OR TOWN	COUNTY STATE
	1	AT WORK AT WORK						
		22a   certify that I took	charge of the remains d	lescribed abave, held	an Auta	psy , Inspecti	an Inquiry . a	nd in my apinian
			Natural causes	Accident .	Suicide [	Hamicide .	Undetermined manner .	,
		1	10/	2/ /	1	TITLE (SPECIFY),		1
		ACTUAL SIGNATURE	much A.	Henda		un Deput	Y MEDICAL EVAMINED	DATE 1/21/82
7		SIGNATURE		7	<u> </u>	1211	Wheeler Se	
4	1	EXAMINER'S NAME 5	amuel H.	Henck	M.b.	ADDRESS W	hiteford M	d. 21168
-	23o.B	URIAL, CREMATION, REMOV		23c NAME O	CEMETERY	OR CREMATORY	23d LOCATION	
	1	SPECIFY)					CITY OR TOWN	COUNTY STATE
	24. F	Burial UNERAL DIRECTOR			y Metl	odist Cem	Churchyille REC'D. BY REGISTRAR 256. REG	Harford Maryland
	To	NAME	Homo D A		M4 07/		AN 26 1982 Ligan	Wante
	Ta	rring Funera	L HOME . I . A.	Aberdeen	MOST	MT=33BA 11	11 4 0 130C C/WA	cas spaint lawrence

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Surial 23 Jan. 1992 Calvary Schoolse Cam. Churchville Kerford Earyland

	,	FOR	DEPART		E OF MAKTLAND TEALTH AND MENTAL HYG	HENE 8 2	0	1 9	6
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O.		
		CEASED NAME FIRST	LES William	CAY	NER	20 DATE OF DEATH	MONTH DAY	YEAR YEAR	26 HOL
-	3. SE		4 RACE	S. DATE (	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER I YEAR	IF UNDER
M		RTHPLACE (STATE OR FOREIGN	White 76. CITIZEN OF WHAT COUNTRY?	Jul	y 14,1914	9. BALTIMORE CITY O	YRS.	DEATH	
	Cu	mberland, Md	U.S. A.	MARRIE	ED DIVORCED	HARFOI	CD		
28	F	ALLSTON	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET)	OE/	VERAL_	(TYPE OF WORK FOR MOST OF WELder	F WORKING LIFE)	126. KIND OF INDUSTRY Railr	
	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Md. Hari	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV Stree	VN	13d. INSIDE CITY LIMITS?	3426 Thor	nas Br	idge	Rd
2C	14. F/	Ther's name Thomas	Dewey Rayner		15. MOTHER'S MAIDEN NA. ROSA	ME		Mc	or
the medical	16a V	VAS DECEASED EVER IN U.S. AI VES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 225-10-		Stella Re	ayner same		bove	
any injury, ar ather t	CERTIFICATION	gove rise to immediate couse (o), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT			DITION GIVEN I	ERE FINDING	
s shows	CERTIF	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	YES NO X	IN CERTIFYING YES [		NO [
E J		OR CONTRIBUTING CAUSE OF DE		AY YEAR					
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	
n 21 is mo		saw the deceased alive or above <sub>a</sub> (1) (we) (did no	ottended the deceased from 19 19 view the body after death.	2,01	nd that in (my) (ow) opinion (	death accurred on the de	5, 19_ ste and hour and	& 2 , the	ot (I) (
±	į.	226. SIGNATURE	Vocalional	25 1		MEDICAL STAF	F IAN []	22c. DATE 5	GNEO
MPORTAN		22d. PHYSICIAN'S NAME (TYPE	Nowskowsi			1 Mora	57.	BEL I	AIN
		URIAL, CREMATION, REMOVAL SPECIFY) Burial			emetery or crematory ir Men.	10-11-	- Ha	rford	l
<b>-</b> В1	24 FU	Burial  UNERAL DIRECTOR  Enjamin W. K	ADDRESS		25a. DAT	2	- Ha		d

" STATE OF MARYLAND

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STATE OF MARYLAND

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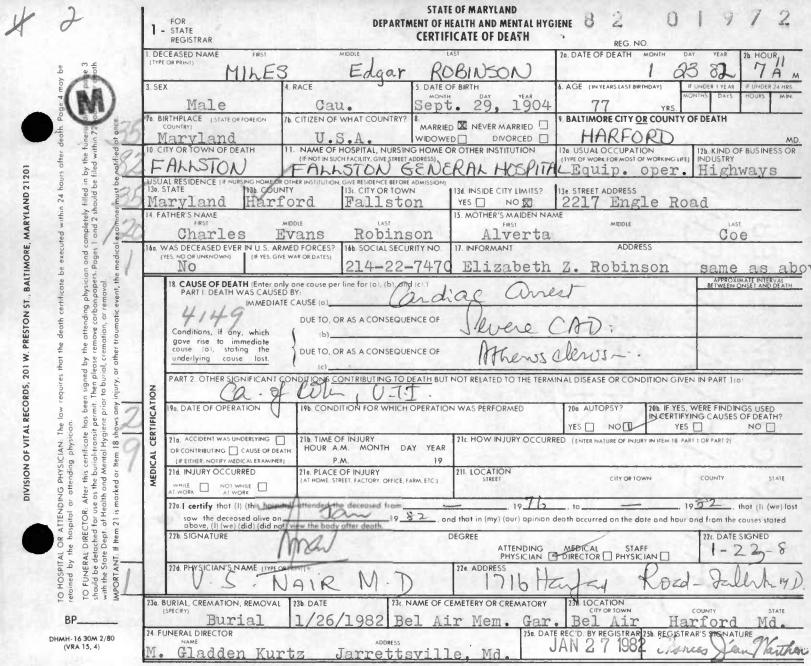
				STAT	E OF MARYLAND	79 79	0 1 0 7 1
1	FOR - STATE		DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE O L	0 1 7 / 1
	REGISTRAR			CERTIF	ICATE OF DEATH		
1.0	DECEASED NAME	FIRST	MIDDLE		AST	REG. NO.	NTH DAY YEAR 126 HOLER
	YPE OR PRINTS	DAVID K	/		0,0,0,0	28. DATE OF DEATH	1 1 5 0 5 5 9
					ROBINSON		1-25-82 5 PM
3.	SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHD	
	MALE	WH	-ITE	MONII	12 17	65	YRS.
	BIRTHPLACE (STATE OF	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR C	
4	COUNTRY)	77	C 7		D NEVER MARRIED	_	
10	Maryland CITY OR TOWN OF DEA		S.A.	WIDOWE	DR OTHER INSTITUTION	HARFO.	
20	-		ICH FACILITY, GIVE STREET		OK OTHER INSTITUTION	126 USUAL OCCUPATION	ORKING LIFE) INDUSTRY.
	ALLSTON	FALLS	TON GE	NERA	1 ItOSPITAL	REtired Wor	orker Carling Brewei
113	UAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			
100	Maruland	Harford	Abingdo		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ht Water Lane
_	FATHER'S NAME	narroru	ADINGUO	4.1	15 MOTHER'S MAIDEN NAM		10 110002 20010
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE	LAST
4	Daniel	К.	Robinson		Jennie		Halvorsen
160	WAS DECEASED EVER	IN U.S. ARMED FORCES?  (IE YES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	
	Yes	WW 11	217-01-	5194	Mrs Dorothy	E Robinson	Same
F				La de la			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH W	H (Enter only one couse pe AS CAUSED BY:	() ADDI	M	APRITC-	T	BETWEEN ONSET AND DEATH
	11	IMMEDIATE CAUSE (o)	CNAIN	10	11/1/23		
	4100	DUE TO, O	OR AS A CONSEQUE	NCE OF	NIA TIE	110-11	
1	Conditions, if any,		101 400	AK	ULAC THA	BRC/1010	
	gove rise to imn	m Ab - d	D MAGONISEOUS	NCEOF	No Real World	100	
1	underlying couse		The state of the s	KIN	SCIFIOR	10	Sec. 1
	DART 2 OTHER SICA	(c)	ON TRIBUTING TO	TATUL BUILT	OCLOPIA	-)	
z	PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO L	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)
CERTIFICATION							
_ 5	19a. DATE OF OPERAT	IN 196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
						YES NO	YES NO
18	21a. ACCIDENT WAS UND				21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
	OR CONTRIBUTION C	AUSE OF DEATH	.M. MONTH DA				
EDICAL	21d INJURY OCCUR		OF INJURY	19	211 LOCATION		
A A		(AT HOME SI	REET, FACTORY, OFFICE FA	ARM, ETC }	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK NOT WH	K		11-	- 8	1/5	C.,
1	22a I certify that (I)	(this hospital) oftended	e deceosed from_		19 112	, 10	19 2 that (1) (we) lost
1	sow the decease	d alive on	19	<b>7</b> '. on	d that in (my) (aur) apinion d	leath accurred on the date	and hour and from the couses stated
1	224 TANATURE	id) (did not) view the body	offer deal	-	DEGREE		22/ DATE SIGNED
	Down	Da mar	1 TX	0	ATTENDING &	MEDICAL STAFF	1/20/15
-	2000	arte propr	mer	WI	PHYSICIAN (	DIRECTOR PHYSICIAN	0 11/1/1/2
	224 PHYSICIAN'S NA	ME (TYPE OR PRINT)	- INDU		22e ADDRESS	2 11.	£11-1 , 0
	NIN	- M-MO	NAKU		tall ton	Jon Vas	Di Tanston Mal
230	BURIAL, CREMATION,	REMOVAL 23b. DATE	23r N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	
	(SPECIFY) Burial	1/29/			ne Park		, Maryland STATE
24	FUNERAL DIRECTOR	1/23/	2	.01141			
24	NAME		ADDRESS		ZSa. DATE	REC'D. BY REGISTRAR 256	REGISTRAR'S CIGNATURE
	T 4 -		7 1 1	9.4	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T ASSESSED AS A SECOND ASSESSED AS A SECOND ASSESSED AS A SECOND A

NAME Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event th

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		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
3		Helen		Warf:	ield .	San	thin		January 6,	1982		12:03pM
	3. SE	X	4.	RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	HOAY}	UNDER I YEAR	IF UNDER 24 HR5
)	I	Female		White	2	6	20 <sup>DAY</sup>	1919	62	YRS.	NIHS DAYS	HOURS MIN.
800	7a. BI	IRTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	NEVED.	MARRIED -	9. BALTIMORE CITY O	R COUNTY C	F DEATH	
3/		Maryland	200	U.S.A	1	WIDOWE		IVORCED [	Harford Co	unty, 1	Mary1a	nd MD.
DC.	10 CI	ITY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NURSIN HEACILITY, GIVE STREET Trappe R	ADDRESS)	OR OTHER INS	TITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK	NC	126. KIND C	OF BUSINESS OR
Must be	13a. S	AL RESIDENCE (IF NURS STATE Maryland	136 COUNT Harf	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Street		13d INSIDE (	NO X	13e STREET ADDRESS 1202 Trapp	e Road		
nine	14_FA	THER'S NAME	AND	DDLE	TZAL		15. MOTHER	S MAIDEN NA	ME		144	
SLC	S	Scheeler		eon	Garloc	k	Marg	aret	Roberta		Warfi	
event, the medical ex		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM	A (Danishte)	457-4103 ADDRE	ss 1202	Trapp	e Road
med		YES, NO OR UNKNOWN)	(# 723, 0112	AN ON OAIES	218-14-2	664	Mrs.	Teresa	D. Schanker	n Stree	et, Md	. 21154
injury, ar ather traumatic	7	Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediate ig the last.	(b)	R AS A CONSEQUE  R AS A CONSEQUE  DINTRIBUTING TO L	NCE OF	NOT RELATE	O TO THE TERM	inal disease or coni	DITION GIVEN	N IN PART 1	01
ows ony	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	200 AUTOPSY?  YES NO			NGS USED 5 OF DEATH? NO
tem 18 sp		210. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEATH		FINJURY M. MONTH DA M.	YEAR 19			RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
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		120 certify that (1) sow the decease above, (1) (365)	ed alive on	Decemb	per 198	1, or	nd that in (my		to January, to January death accurred on the do		and from the	
ORTANT: If Hem 21		21h SIGNATURE	n	ah	elon			ATTENDING PHYSICIAN			22c. DATE	L/82
MPORTAL		22d PHYSICIAM'S NA Martin			M.D.			Wolfe	Street	)5	/	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital ar attendi

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buiol-transit permit. Then please remave carbompopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remayal.

230. BURIAL, CREMATION, REMOVAL 236 DATE CLEMATION

23c NAME OF CEMETERY OR CREMATORY

Maryland 21205

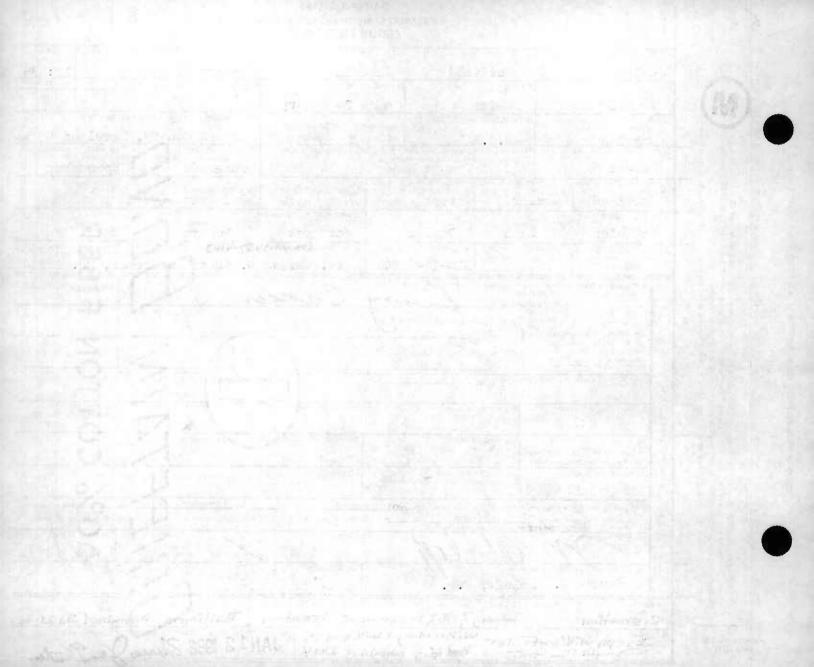
ORY 23d LOCATION
CITY OR TOWN

TY BALTIMOTE

COUNTY morryland 51503

M FUNERAL DIRECTOR William Foster Maryland 21014

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR



		FOR - STATE REGISTRAR		STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 0	1974
RA)	{TYPE	CEASED NAME FIRST E OR PRINT) MATTIE		VTMYERS	JANUARY 23 82	DAY YEAR 26 HOUR 12:45PM
	3 SE	Female	Cny	5 DATE OF BIRTH MONTH DAY YEAR 2, 1890	6. AGE (IN YEARS LAST BIRTHDAY) 92 YRS	FUNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
hours after death. It is a first of a filed within 72 ho	10. C	COUNTRY)  V.A. J.N. W.  ITY OR TOWN OF DEATH  AVRE-DE-GRACE	(IF NOT IN SUCH FACILITY, GIVE STREET A	HOME	9. BALTIMORE CITY OR COUNTY  HAN FOR  12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF  Cashier	MD.
hould hould	130	AL RESIDENCE (IF NURSING HOME ORD STATE 136 COUNT MANY AND CO	Y, 13 CITY OR FOWN	DOST YES NO 1	130. STREET ADDRESS  58 N. Ma	in Street
O Condition		Samue!	S SANTMY	IS. MOTHER'S MAIDEN NA	MIDDLE	Cat lott
be executed on and comp s. Pages 1 on e medicolex		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES GIVE	ED FORCES? 16b SOCIAL SECUR WAR OR DATES) 577-05-	6715 HILLA M. B	lackbarn, let De	posit, hid
requires that the death certificate in signed by the ottending physici. Then please remove carbon paper ir to burial, cremation, or removal. injury, or other troumatic event, the	NOI	Conditions, if ony, which gove rise to immediate cause Io1, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN	NCE OF SELECTION OF THE TERM	aul atuel tib	EN IN PART TO
n. n. os bee mit ne prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
DING PHYSICIAN: The or ottending physician After this certificate he os the burial transit oith and Mental Hygie marked or them 18 sha	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK NOT WHO	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FA	Y YEAR 19 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18. P	COUNTY STATE
OR ATTEN he hospital DIRECTOR: ached for us Dept. of He	į	22e.1 certify that (1) (this hospito sow the deceased alive and obove, (1) (we) (did (did not) 22b. SIGNATURE	view the body ofter droth.	DEGREE	death accurred on the date and house	, that (I) (we) lost on ond from the couses stated
TO HOSPITAL etoined by the TO FUNERAL should be det with the Stote	i	22d PHYSIGIAN'S NAME (TYPEORE	THEO	22e ADDRESS	on ave. Hdg.	md. 21078
BP	X	SURIAL, CREMATION, REMOVAL	236. DATE 234 N.	AME OF CEMETERY OR CREMATORY	PM LOCATION  COTON TOWN  FREC D. BY REGISTRANDIA DEGIST	Warren Can

DHMH - 16 50M 1/81 (VRA 15, 4)

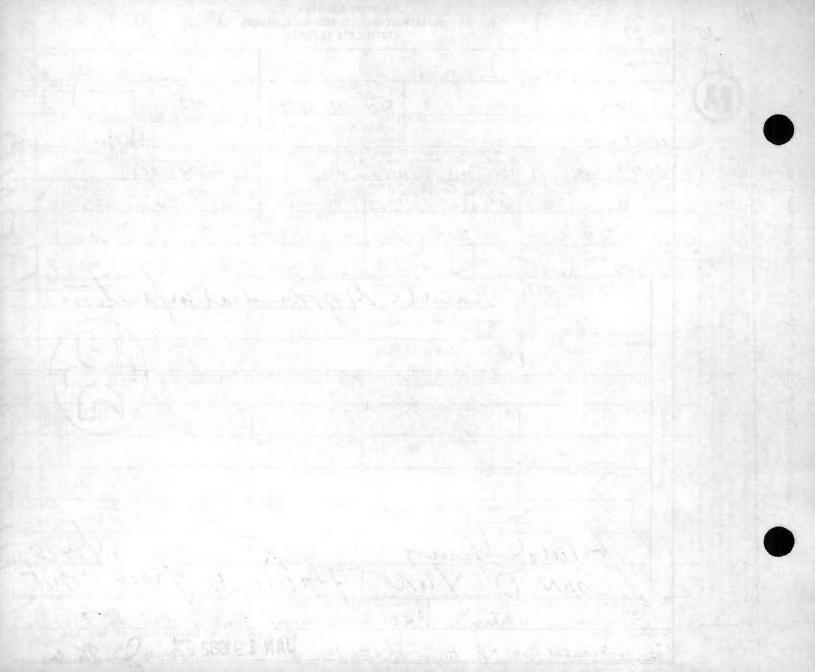
VAL 2 12 1210 sharpert. There have been been the total IN 18 1 12

					REG. NO.	
p p p	1. DECEASED NAME (TYPE OR PRINT) ROBERT L. Schnell			20 DATE OF DEATH MONTH	1 45	
You you	3. SE	x .	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24HRS
4 (TA)		Male	white	FEB 22 1939	42	MONTHS DAYS HOURS MIN.
S S S S S S S S S S S S S S S S S S S	7a. B	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
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by the f filed with	10.0	NYL OF GYACE	(IF not in such facility, give street	ADDRESS) HOME OR OTHER INSTITUTION ADDRESS)	TYPE OF WORK FOR MOST OF WORK	INDUSTRY
nin 24 haur ly filled in t should be f		AL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	to st
ted within 24 smpletely fille and 2 should	14. F/	ATHER'S NAME	inform Hamilan	IS. MOTHER'S MAIDEN NA	0 0 00 10 0	1 4 .
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cote be execut ysician and ca apers. Pages 1 val.			RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS	
be execution and consists. Pages			THAM 323-34.	1333 MAG. CATHER	INEL. SAHNE	FL-SAME
rote l ysicio opers wal.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line for (a), (b), ar	1/4	1 1.1	WEEK OWN I AND DEATH
the death certific the attending ph remove carbonp emotion, or remo er troumotic ever			TE CAUSE (a)	1 Myorar	max mys	udum
		4100	DUE TO, OR AS A CONSEOU	ENCE OF	/	
		Canditians, if any, which gave rise to immediate	(b)			
by the crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
NG PHYSICIAN: The law requires that a catending physician.  After this certificate has been signed by as the buriol-transit permit. Then please the and Mental Hygiene prior to burial, can orked or them 18 shows any injury, are other and a content of the statement of the stateme		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)				
	NO.	STATE OF THE PERMITTER				
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow
PHYSICIAN: The I ending physicion. this certificate has the buriol-transit per ad Mental Hygene dar Hem 18 shows		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH .	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	193
YSICIA fing ph s certifi purial-th Mental	MEDICAL	[IF EITHER, NOTIFY MEDICAL EXAMINED  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
DING PHYSICIA or ottending p : After this certifise on the burial- ise as the burial- solth and Mental marked or them	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
DR ATTENDI haspital an IRECTOR: A thed for use lept. of Heal			ital) attended the deceased from	12/00 4 19 82	_, to Jan 14	, 19 <u>82</u> , that (I) (we) la
			at) view the bary offer death.		death occurred on the date and	d haur and from the gauses stated
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF				
HOSPITAL ined by the FUNERAL old be det of the State	1	200. PHYSICIAN'S NAME (TYPE O	OR PRINT	PHYSICIAM 22e ADDRESS	DIRECTOR   PHYSICIAN	11/1/
TO HOSPITAL Cretained by the TO FUNERAL Dishould be detected with the State Dishould be detected with the State Dishould be detected with the State Dishould be detected by the		JOUN	D. Yui	V Hain	e de gri	ace my
BP		SURIAL, CREMATION, REMOVAL	18 JAN 82 AN	NAME OF CEMETERY OR CREMATORY	HAURE de GRAC	& HARSORD MD
DHMH-16 30M 2/80	24. F	UNERAL DIRECTOR	1 A ADDRESS	250 DAT	A - 100	GISTRAR'S SIGNATURE
(VRA 15, 4)	MI	CHELL FUNEFAL /	Home P.A. HAVRE	de GRACE, MD. DAN	191982 Carres	& Van Nather

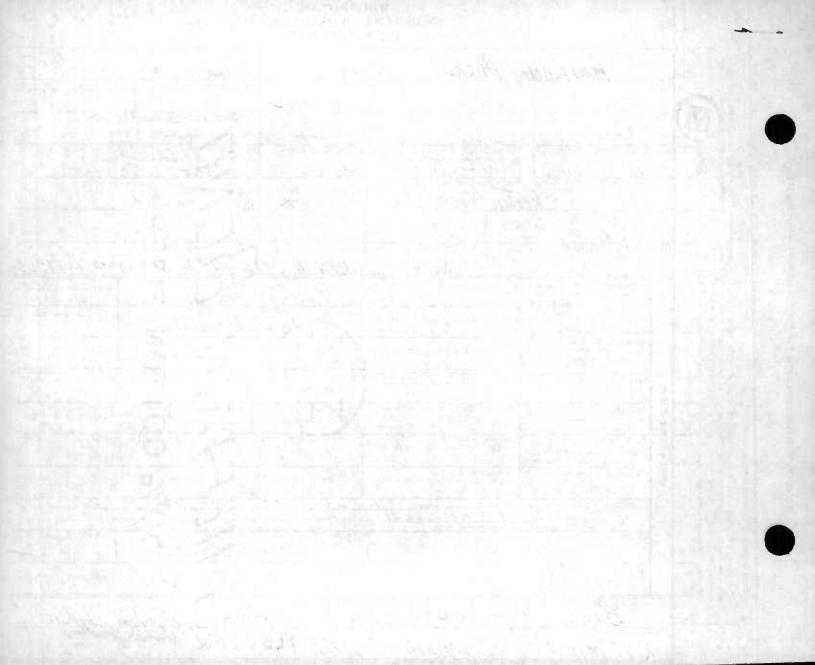
STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



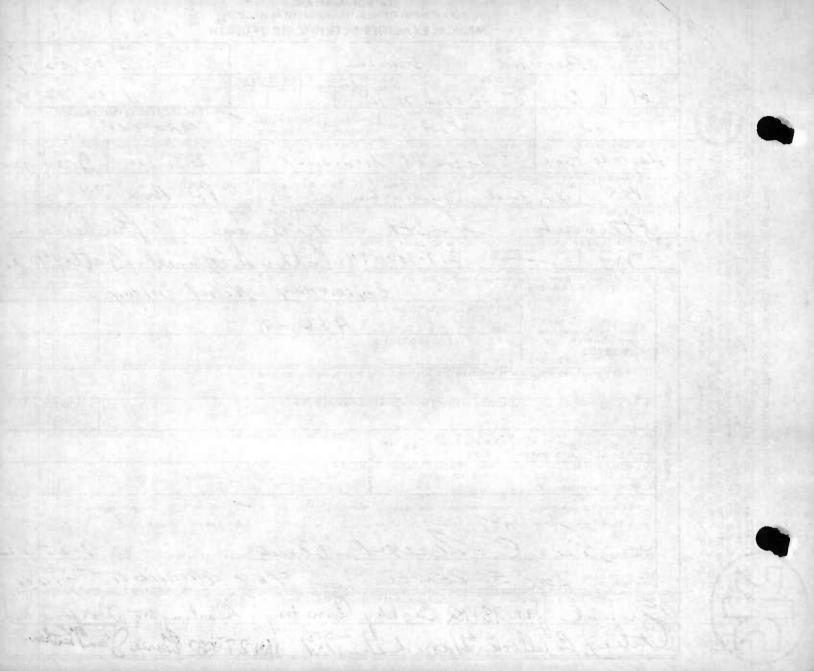
	1 - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	
y be	1. DECEASED NAME FIRST (TYPE OR PRINT)	w. Michael	Shaw	JANUARY 26, 19	82 3 A M
ge 4 m	3. SEX Male	White	5. DATE OF BIRTH  MONTH  DAY  DAY  1- 26-1982	6. AGE (IN YEARS LAST BARTHDAY) FLUNI MONTH	DER I YEAR IF UNDER 24 HRS S DAYS HOURS MIN. 50
9. P. O	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	9. BALTIMORE CITY OR COUNTY OF D	
is ofter der	HAVRE de GRACE	11. NAME OF HOSPITAL, NURSING LENGT IN SUCH FACILITY, GIVE STREET			b. KIND OF BUSINESS OR DUSTRY
filled hould be house to be housed to be house to be h	USUAL REGIDENCE (IF NURSING HOME O 13a. STATE) 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE  TY  137 EITY OR TOWN  185 EN WOTTING	134 INSIDE CITY LIMITS?	13. AREET ADDRESS RD 2 BOX 394	
omplete ond 2	S FIRST	M. Show	Doro	10 MIDDLE	er LAST
be execut	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECUE VE WAR OR DATES). NOVE	SITY NO. 17 INFORMANT	NW ROFZ Nothing	nn, la 19362
ificate   physicia novol.	PART I. DE ATH WAS CAUSI	10100	Rospinalous	Arre-L.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or the deoth y the ottend is remove co cremotion, o	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF	de Menen gongelocal	20
signed by hen please hen please ijury, or oth		( Ic)CONDITIONS CONTRIBUTING TO D		INAL DISEASE OR CONDITION GIVEN IN	PART I(a)
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CIAN: T a physic pertificate ol-trons ntol Hyg em 18 sh	On COLUMNIC COLUMN AND		YEAR 19 216. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 C	
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TTEN spital CTOR: for us of He	sow the deceased alive ar	ital) attended the deceased from 19 8 at ) view the body atter death.	2, and that in (my) (our) opinion	death occurred an the date and hour and	from the couses stated
ALOR AT.  y the hosp  (AL DIRECT detoched for ore Dept. o  VI. If Item 2	22b. SIGNATURE	meastog:	DEGREE  ATTENDING PHYSICIAN I	MEDICAL STAFF	1-26-82
HOSPII bined by FUNER the St PORTAN	226. PHYSICIAN'S NAME (1911)	SERVENIS Z.	22e. ADDRESS 449 S.	UNION AVE,	Holp.
	23a. BURIAL, CREMOTION, REMOVAL	1/20/1982 236. N	AME OF CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	malest proof
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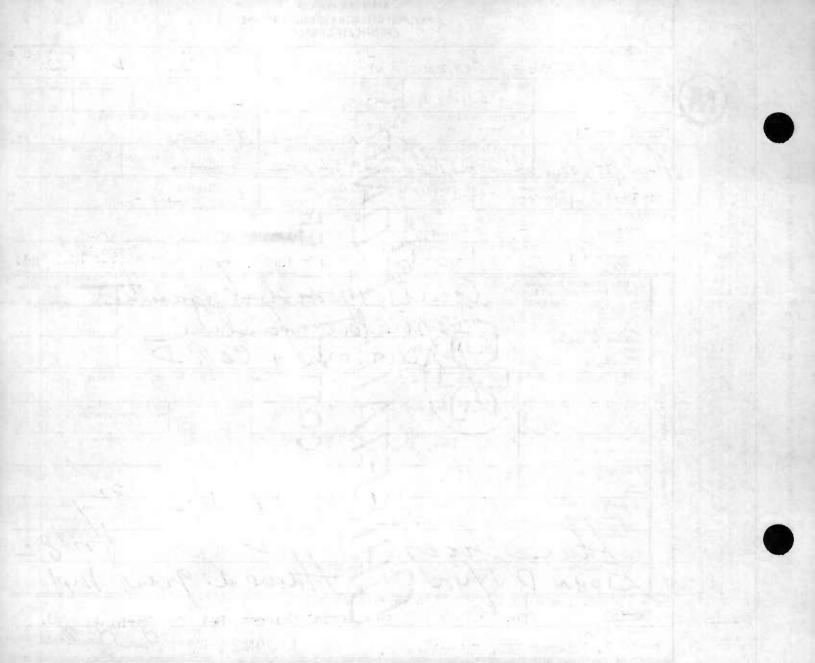
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			CEASED NAME	FIRST		MIDDLE	L.	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
a ge		{14P}	OR PRINT)	Anna		Merielta	Smit	th		1	8 82	5:30
bod -		3. SE	X		4 RACE		5 DATE C		6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS.
director page 3 hours after death		1	FEMALE		FININ	E	-TINON	anger 17, 1894	87	YRS	MONTHS DAYS	HOURS MIN.
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and	10		STEVEN		F	PETZGETHIC	4	LOAMIE	MIDDLE		FLEEP	MCN
d co			VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMAN ( TANKE)	92-9750 ADDI	RESS	LAKES Dr	
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rmit. pria	19	CERTIFICATION	19a DATE OF OPERA	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
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pito TO for of H		- 9	sow the decease above, (1) (we) (c	ed plive on .	war the traffic	the death 19	2.00	d that in (my) (our) opinion o	leath accurred on the c	date and hou	or and from the	couses stated
has hed hed ept.			22b. SIGNATURE		0	-//	1	DEGREE / 1		-	77L DATE	BIGNED
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(VRA 15, 4)			Soweph Will		CHEL	BEL Air MY		I I A A	112 1982 7	Pronces	0,0	V
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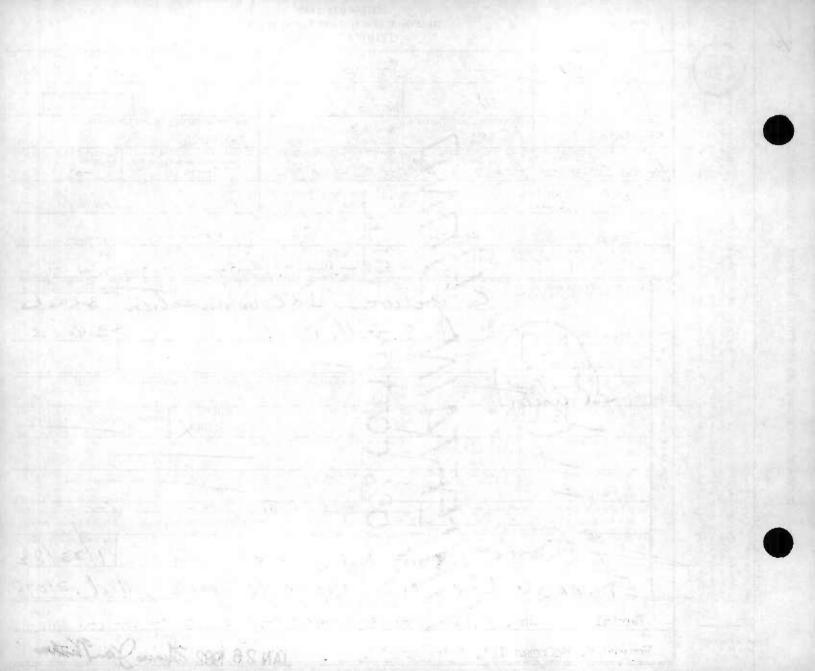
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	8	1-	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	011/3
			CEASED NAME FIRST	MIDDLE LAST 20. DATE KNO	
	PLEASE RECTOR. R FILES. HOURS STREET,		13erz	eard Smith DEATH MA	17 M
	PLE R FI HO STR	3. SE	M B	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY)  2. 1910  7. YRS.  1. FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCES DEAD  DEAD	1 24 19 P2 7 M
	美疆多		RTHPLACE (STATE OR REIGN COUNTRY)	78. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED TOWN NORCED HA	ECITY OR COUNTY OF DEATH
	ELAYAR TO THE PAGE SE FILE		TY OR TOWN OF DEATH Havre de place	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION  FOR MOST OF WORKING	MD. ON (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
21201	ANY DELA AND 3 TO RETAIN P. SOULD BE	USU/ 13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Box 74
WD.	PM 3. PM 3. NO 2 SH	14. F/	ATHER'S NAME	MIDDLE LAST 15 MOTHER'S MAIDEN NAME MIDDLE	
BALTIMORE,	FORM FORM	16g. (Y	VAS DECEASED EVER IN U.S. ARA	ED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT APPROPRIES 217-18-994	DDRESS Battom &
	O = . F .		18. CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	ITHIN 24 HG IL IN ITEM IL IN ITEM IN ITEM IN ITEM IN ITEM IN INGENE OVAL		Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF  (b)  (b)	
301 W. PS	PENC AMIN F-TRA ENTA REM		gave rise to immediate cause (a) stating the <u>under-lying</u> cause last.	(b)	
	EXECUTOR A BUR A BUR AND ION,	2	PART 2 OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
TAL REC	YOIDS!	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
N OF V	CERTFICATE SHOTING THE WORD DED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURIAL.		21¢ EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY)	YES NO
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	AINER: IFICATE, BE FOR CTOR: P H THE ST AND, 21			of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
	EXA CERT UILD DIRE WIT		ACTUAL SIGNATURE	E level M.D. Deputy MEDICAL EXAMINE	R DATE 1-25-12
	AEDIA UNE WAS DE		EXAMINER'S NAME LUC	E. RENJEC ADDRESS 464 alle	wer IT House
	PAGE TO PAGE AFTE BALTE	12	Burial J	an 38 1982 Burbley Cometany Marlin	y ton Starford md
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	0	Julia Bu	llock Hane de Great 150 DAJE RECD. BY REGISTRAR 1	James Jan Thather



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



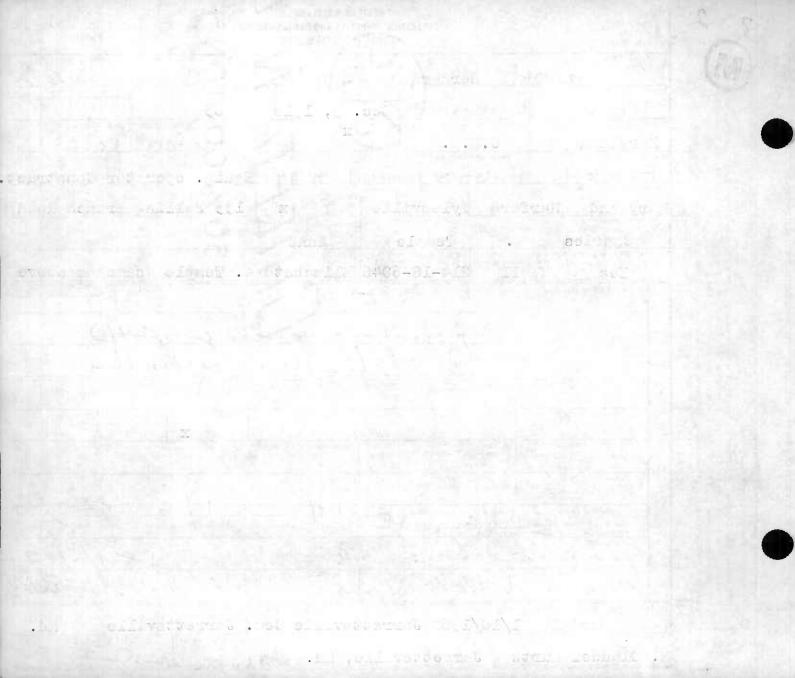


Jarrettsville, Md.

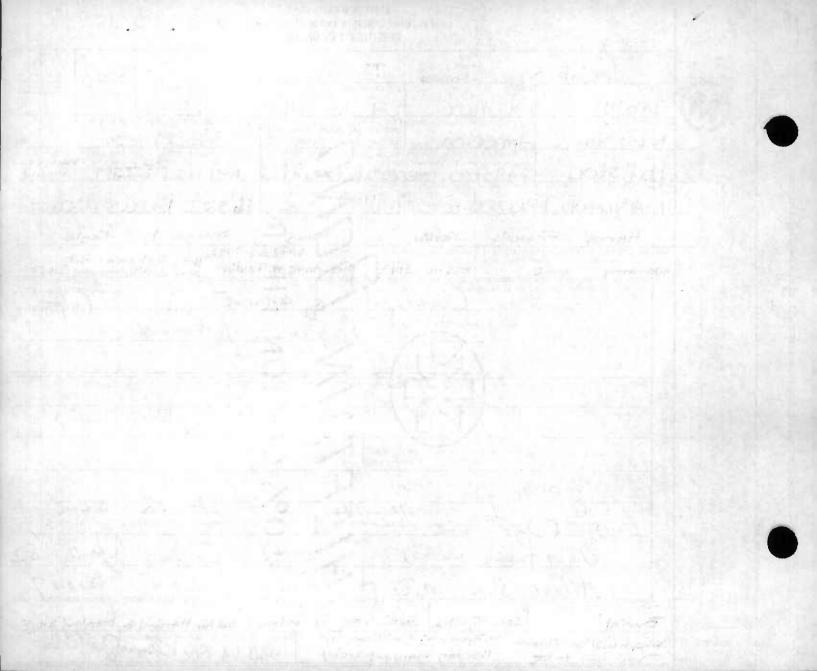
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(VRA 15, 4)

Gladden Kurtz

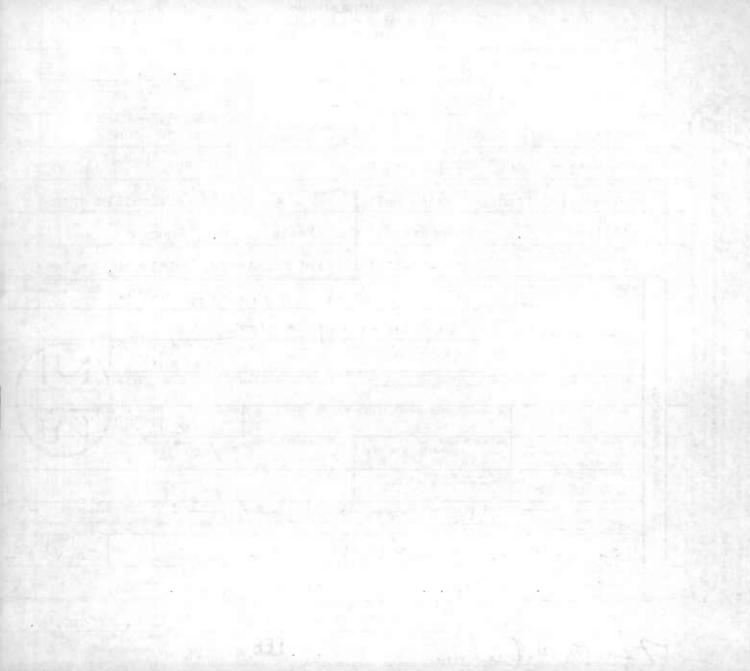


	1	FOR STATE		LTH AND MENTAL HYGIENE ATE OF DEATH		1.170
	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE LAST		REG. NO.	DAY YEAR 26 HOUR
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4	1	male.	White S	3 1917	104 YRS.	MONTHS DAYS HOURS
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4 1	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR C	OTHER INSTITUTION 12a	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINES
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tely fill 2 shou	TA E	NAKYUSUD H		YES NO NO NAME	632 D 1000	Mo Couc
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n ond on Poges		YES, NO OR UNKNOWN) (IF YES, GIVE S-Array WWZ	WAR OR DATEST	Mrs. ANNE H. TE	1632 RED	ECCA Court ill, Marylau 2105
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	1	gave rise to immediate cause (a), stating the	10/	the Rose	1	
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SICIAN: The pg physicio certificate I miol-transit ental Hygie Item 18 sho	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18	8 PART   OR PART 2)
ding ph ding ph is certifu buriol-tr Mentall or Item 3	₹	(IF EITHER, NOTIFY MEDICAL EXAMINER	""			
HY Pisson	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	TI LOCATION STREET	субовтомн	COUNTY STAT
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ATTENI ospital ECTOR: d for us ft. af He m 21 is		saw the deceased also on, above (1) well (did) tid no	Asset Me body after death.	that ir (m) (aur) opinion death	h occurred on the date and ha	our and from the causes state
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SPIT J by NER De c Stc		221. PHYSICIAN'S NAME ITYPES	PRINT) 23	22e. ADDRESS	0.21	
ro Hospital ( retoined by the TO FUNERAL I should be deta with the Store I IMPORTANT: If		Albert	- SUN, MID.	1800 Ho	extord Rd	21047
Of Start Start	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEM	METERY OR CREMATORY 2	23d. LOCATION	
BP	1	SPECIFY)	JAN. 15, 1982 BELAin ME	Emorial Gardens	Bal Are Harfrod	Co, MARYLAND 210
HMH-16 30M 2/80		UNERAL DIRECTOR			C'D. BY REGISTRAR 256. PEGI	STRANS IGNATURE TO
(VRA 15, 4)	3	Joyle William Foste	BEI Air Maryland 2	99.46	1 4 1982 May	ALL S
		Transport Commercial		000		W.

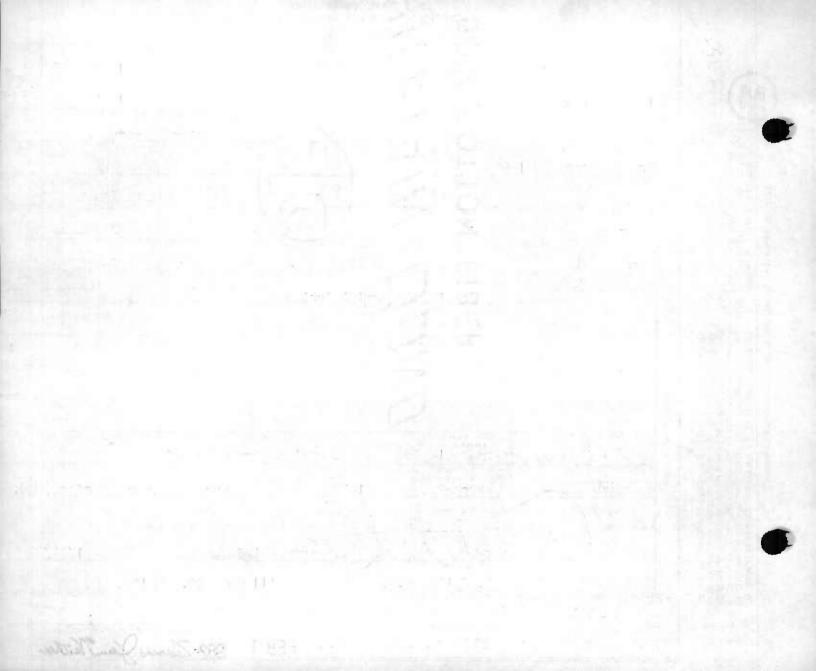


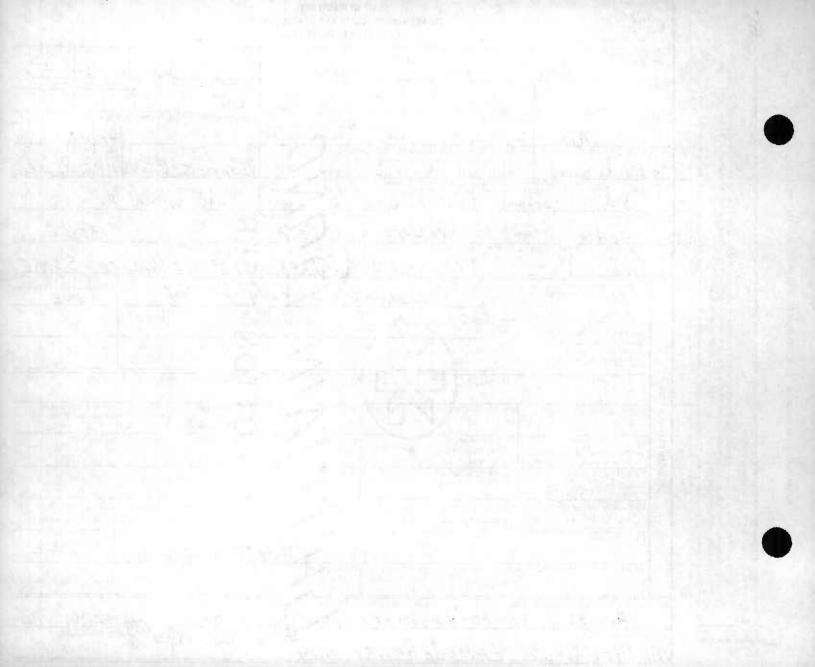
and Tolerand THAT OF THE STORY A Cruent and Arthurson of the continue of the bull the profess seems that the bereat harders during the Tarther functed bond, .... Dendern, C. 21001-3199

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 7h. HOUR (TYPE OR PRINT) Hazel Hulshart Trout 6A Jan. 31 1982 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS VEAR HOURS Female White 6-16-1901 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Harford County HSA Maryland WIDOWED DIVORCED [ IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOME White Hall omemaker Norrisville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13. 57, FEET ADORESS 5446 Norrisville Road 13d. INSIDE CITY LIMITS? Maryland Harford Uhite Hal 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Hulshart Mazie Duncan 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Harold Baltimore, Maryland 18. CAUSE OF DEATH (Enfer only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating DUE TO OR underlying cause 301 ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NOP YES T NO T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION morkedar (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (per) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady-after death should be detached with the State Dept. 22b. SIGNATURE DEGREE 22c. DATE = ATTENDING MEDICAL FUNERAL PHYSICIAN X DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Regunald B. Gemmill.M.D. Stewartstown, Penna. 17363 0 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 2/3/82 Norrisville, Harford, Md. Norrisville Cemetery 4 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 251/2 REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 ADDRESS Stewartstown, Pa. (VR A 15.(4))



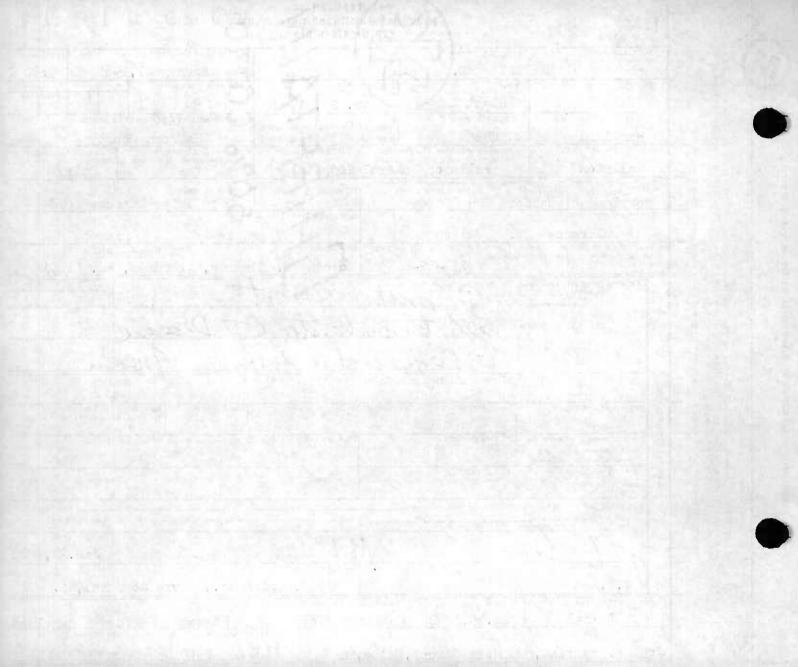
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Garv Wade 30 1982 4. RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 2d. HOUR MONTH LAST BIRTHDAY PRONOUNCED 4:05 18 56 25 DEAD Male Black 30 1982 YRS 76. CITIZEN OF WHAT COUNTRY? Ja. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA MD WIDOWED [ DIVORCED Harford County 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Havre de Grace ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE COUNTY 13. STREET ADDRESS 4406 Bowleys Lane Baltimore 13d. INSIDE CITY LIMITS? MD YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N GES 1, MIDDLE MIDDLE T. PAGES I AND DIVISION OF YIT Thelma Richardson Herman Wade M. GIVE PAGES VITH FORM F PAGES 1 AN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO 214-64-4051 Herman Wade 2126 Ashland Ave. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG 1 TO FUNERAL DIRECTOR; PRAGE 53 HOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARVIAND, 21201 PRIQR TQ BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cranio cerebral injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR MONTH DAY UNDERLYING DOR WEDICAL pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED ?1e PLACE OF INJURY (AT HOME. 215 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK street 1-95 Havre de Grace. Harford Md. utapsy X 22a. I certify that I took charge of the remains described above, held all Inspection Inquiry and in my apinion death resulted from Hamicide L Undetermined manner TITLE (SPECIFY) **ACTUAL** Deputy ChiefeDICAL EXAMINER 1/31/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto, MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 235 DATE 2/3/82 23c. NAME OF CEMETERY OR CREMATORY Baltimore MD Dulaney Valley 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. Will. C. March F/H (VR A15 ME (5)) 15M 2/80





Mane

John H. Harkins, 600 Main Street, Delta, PA



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executed within 24 hours after death. Page 4 may be

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
ł		CEASED NAME FI	RST	MIDDLE	· ·	A51	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
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1	3. SE	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
ı		male	W	hite	MA-	K. I, 1920	61	YRS.	DATS	MIN.
d		RTHPLACE (STATE OR FORES	1.1.	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
2		MARYLAN3			WIDOWE		Hav	ford		MD.
	10.CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING CHEACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		12b. KIND OF INDUSTRY	F BUSINESS OR
9	Ha	17re de Grac-		1 mamor	ial	Hospital	FOREMA	14	HICH	YAW
3		AL RESIDENCE (IF MURSING ) TATE 13b	COUNTY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
4		14D'	HARFORD	DARLIN	ETON	YES NO	0-	DAYR	CAO.	
4	14 FA	THER'S NAME	woods \	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
4		EDMUHE		ATKINS		OLET			HZL	
I		VAS DECEASED EVER IN L	J.S. ARMED FORCES?  YES, GIVE WAR OR DATES)	16b. SOCIAL SECUR		17 INFORMANT	ADDRE			
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ı		18 CAUSE OF DEATH (E PART I, DEATH WAS		r line for (d), (b), and	1911	· · · · · · · · · · · · · · · · · · ·			BETWEEN OF	MATE INTERVAL DNSET AND DEATH
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ı	z	PART 2. OTHER SIGNIFIC	ANI CONDITIONS C	ONTRIBUTING TO DE	AIN BUI	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	JIIION GIVEN	IN PART I(a	
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	H						YES T NOM	IN CERTIFYIN	NG CAUSES (	OF DEATH?
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLY				21c. HOW INJURY OCCURR				
1		OR CONTRIBUTING CAUS	COFDEATH	.M. MONTH DAY	YEAR	5977				
ı	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION STREET	CITY OR TO	N/N/	COUNTY	STATE
١	Σ	WHILE NOT WHILE	[AT HOME, ST	REET, FACTORY, OFFICE, FAR	RM, ETC.)	SIRCEI	CHIOKIO			31.416
ł		22a. I certify that (I) (this	s haspital) attended t	ne deceased fram	1 -	12 19 82		, 19	82,1	hat (1) (we) last
١		saw the deceased a above, (I) (we) (did)	live an (did nat) view the bady	after death.	<b>Z</b> , an	nd that in (my) (aur) apinian a	death accurred an the do	ate and have a	ind from the c	auses stated
		27h SGNATURE	5 . //	T		DEGREE	ſ		22c. DATE S	IONED
l		panel 16	monah	July.	,	ATTENDING PHYSICIAN	MEDICAL STAI		1//1	185
		224 PHYSICIAN'S NAME				22e ADDRESS	.F. 2.A		10	
		DANTE	MON.	AICIL		672 J. Uni	on Ave 1to	rred d	e Croc	1, Mol.
	23a. B	SURIAL, CREMATION, REM	OVAL 23b. DATE	23c. N/	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			

BP.

should be detached for use as with the State Dept. of Health

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in thy the should be detached for use as the burial-transit permit. Then please remove carbangapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the medi

IMPORTANT: If Item 21 is marked or Item 18 shaws any

DHMH - 16 50M 1/81 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

1-14-82 DUBLIN SOUTHERN

DUBLIN

HARFOR >

MSTATE

JOHN H. HARKINS, DELTA, PA. 17314

250 PATE REC'D. BY REGISTRAR 256 REGISTRAL STOCKATURE

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1	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	1 9	9 0
	ECEASED NAME FIRST	MIDDLE	1/ 1/	AST CONTRACTOR	20 DATE OF DEATH	MONTH DA	-	26 HOUR
	JAW JAW			TEFORD		W. 19	82	3.45A
3 SE		4 RACE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIE	(THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	MALE	UMITE		st 23, 1942	39	YRS.		
10.8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY C			
100	Maryland  TIY OR TOWN OF DEATH	USA	WIDOWE			ord Cou		M
	Whiteford	11. NAME OF HOSPITAL, NURS  [IF NOT IN SUCH FACILITY, GIVE STRE  2913 Whitefor	rd Road		Tign USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Foreman		INDUSTRY	Mill
13a.	STATE 13b CO	or other institution give residence before the company of the comp	OWN	13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS 2913 Whi	teford	Road	
14 F	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA			145	S.T.
	John	C. Whitefore	d	Florer	nce M.		rris	"
	WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES!		17 INFORMANT	ADDR	ESS		
	No	215-42	-8331	Jeannette M.	Whiteford	, White	eford,	Md.
	18 CAUSE OF DEATH Enter	anly ane cause per line far (a), (b), (SED BY:	and ic				BETWEEN	IMATE INTERVAL
12		IATE CAUSE (a) metaste	atic U	ung concer			14 m	ionetis
7	gave rise to immediate couse (a), stating the underlying couse last.	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF						
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION	I WAS DEDECTORATED	20a AUTOPSY?	201 IE VEC 1	WERE FINDIN	105 11550
기일	NONE	178 CONDITION FOR WHIC	CHOPERATION	WAS PERFORMED		IN CERTIFYI	NG CAUSES	OF DEATH?
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	10 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY PRICONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YE			YES NO RED (ENTER NATURE OF INJU	YES	_	NO 🗌
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	220 I certify that (1) this has saw the deceased alive above (11 me) (did) (did 22b SIGNATURE	ate and hour o						
1	and the same of th	Markhun	MDF	ATTENDING PHYSICIAN	MEDICAL STA	IAN	1/19	82
	JUSTIN C	ORPRINT) . MCARTHUR		JOHNS HOPV	(INS HOST	MAL	BALTO	2120 MD
23 a	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23a	NAME OF CE	METERY OR CREMATORY	23d. LOCATION			
	Burial	Jan. 22, 1982	Fawn	Grove	Fam Cro		county	Donna

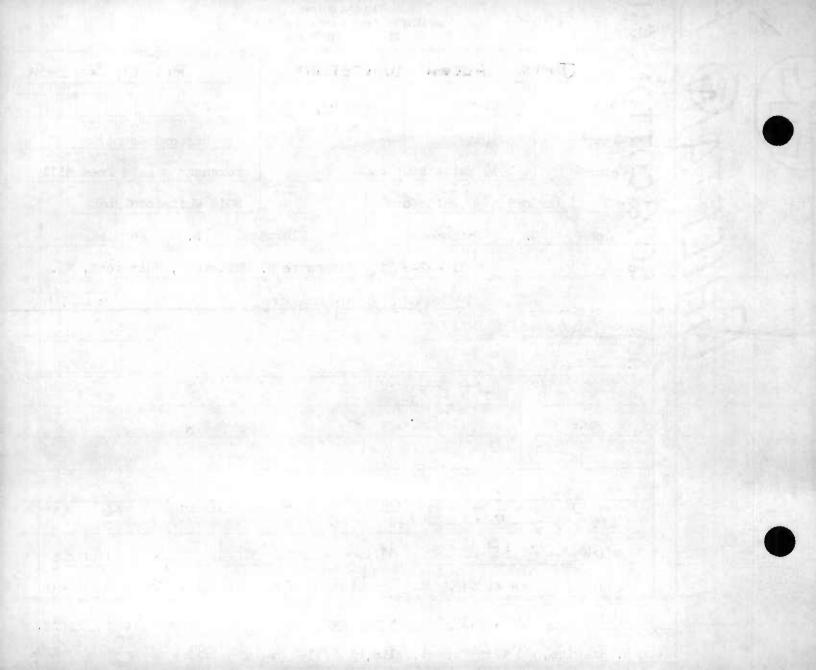
Fawn Grove

DHMH - 16 50M 1/81 (VRA 15, 4)

John H. Harkins, 600 Main Street, Delta, PA 17314

Jan. 22, 1982

23d LOCATION
CITY OR TOWN
Fawn Grove York Penna.



5	3		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 9
			REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20, HOUR  OR PRINT) A 1
	ook pe	3. SEX	Charles H. Williams JANUARY 1, 1982 4 P. M
	4		Nale White Nav. 10 21/910 71 YRS. MONTHS DAYS MOURS MIN.
	deoth. Poge	0	RTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	op 54 to		ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
21201	the su	Ha	Wre de Grace Harford Memorial Haspital Electro Mechanic Civil Service  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
ND 21	24 ha	130. S	STATE 136 COUNTY 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 136 STREET ADDRESS 156 Main Street
RYLA	within within d 2 sh	14. FA	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST
BALTIMORE, MARYLAND	Comple solution	16a V	Charles Williams tawline Hungerbeuhler VAS DECEASED EVER IN U.S. ARMED FORCES? 16th SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
LIMOR	be execu an ond c	()	No (18 YES, GIVE WAR OR DATES) 179-01-7540 EVELYN R. Williams, White for M. M.
W. PRESTON ST.,	ires that the death certifica gned by the ottending phys in please remove carbanapa burial, cremation, or remove ry, or ather traumotic event,		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  DUE TO, OB AS CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 201	The low requicion.  te hos been si sit permit. The giene prior to shows any inju	CERTIFICATION	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
OF VITA	HYSICIAN: The iding physicia prise certificate buriol-tronsit Mental Hygie or them 18 sho		210. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
IVISION	G Pl atter er th s the s and ked	MEDICAL	P.M.   19   11 INJURY OCCURRED   21e PLACE OF INJURY   21f LOCATION   STREET   CITY OR TOWN   COUNTY   STATE
۵	ENDIN tal or OR: Aft		22e.1 certify that (1) (this haspital) attended the deceased from
	OR ATT he haspi DIRECT oched fo Dept. of If hem 2		abave, (1) (we) (did) (did nat) view the bady after death.  DEGREE  ATTENDING MEDICAL STAFF  221. DATE SIGNED
	TO HOSPITAL TO FUNERAL Should be dere with the Stote		PHYSICIAN S NAME ITH CAPINI 220 ADDRESS  220 ADDRESS  AND COMMITTED AND
	TO HOS	23a. E	SURIAL, CREMATION, REMOVAL 236, DATE 736, NAME OF CEMETERY OR CREMATORY 1234 LOCATION
	BP		Buring 1-4-82 St. Mary's Pulesville, Harfard Co. Md.
	DHMH-16 30M 2/80 (VRA 15, 4)	-	UNERAL DIRECTOR  ADDRESS  ADDR

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A	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL H	YGIENE O Z	1 1 7 7 6
0		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
iter death		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
- 10	TITPE	Walt		Williams	- bourou 19	1982 27
370	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR HDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	-34	MAlo.	Black	MONTH DAY YEAR 22 1906	15 VRS	MONTHS DAYS HOURS ME
e		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OF COUR	
30		Md	USA	WIDOWED X DIVORCED	Harford.	,
9.2	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE DEWORK FOR MOST OF WORKING	12b. KIND OF BUSINESS C
Ħρ	HA	brede Grace	Hartord	Mem. Haspital	Retired	Railroad
st be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION, GIVE RESIDENCE B	FORE ADMISSION)  OWN 13d. INSIDE CITY LIMITS?	13g. STREET ABORESS	~ /:
15		Md HAI	tord Hoer	deen YES NO	601 Baltemor	e St Apt 10
01	14. F.A	THER NAME	MIDDLE	15 MOTHER'S MAIDEN N	NAME	LAST
26		Keginald	Willer	MS FANNO	1	
1		VAS DECHASED EVER IN U.S. AR	RMED FORCES? TALL SOCIAL S VE WAR OR DATES)	ECURITY NO. 17. INFORMANT	ADDRESS	
ine medico		1es 11	NK 709-0	7-7556 Loveld Bis	hop 104 N. Earle	R. Extred "
		18. CAUSE OF DEATH (Enter or	nly one couse per line of the th	and (	1 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (0).	to recep.	succe	
	-	48.56	DUE TO, OR ANA CONSE	DUENCE OF	/ /	. 1
		Conditions, if ony, which	1 Henl	a chome c	er fac deco	up eus at bu-
		gave rise to immediate cause (a), stating the	DUE TO, OR AND ONSE	QUENCE O		13 F. A. 150
		underlying couse lost.	(c) Dios	eto pueuno	~~	
	7	PAR 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT OT RELATED TO THE TER	RMINAL DISEASE OR CONDITION C	GIVEN IN PART 1(a)
	<u>6</u>	Time so	Millione	cordio basent	an & Bearl	A
G	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
	RTIF				YES NO	YES NO
13		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCL	JRRED (ENTER NATURE OF INJURY IN ITEM )	8 PART 1 OR PART 2)
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	NIII	19		
1	MEDICAL	21d. INJURY OCCURRED	21e, PLACE OF INJURY (AT HOME, STPEET, FACTORY, OFF	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	>	WHILE NOT WHILE	(ALTOME, SINCEL, PACTORY, OFF	action and the f		VIA.
		22a.1 certify that (I) (this hospi	tul) atterwed the deceased fro	m_/-// 19.8	2.10 /-/3	, 19 22, that (I) (we) la
		saw the deceased alman	16-13		in death accurred on the date and h	
		22b. S MATURE	t) vise for body offer death.	DEGREE		22c DATE SIGNUD
		X	Then 1	ATTENDING	MEDICAL STAFF	113/8
		22d PHYSICIAIN'S MAME (TYPE	OR PRINT)	22e. ADDRESS	DIRECTOR PHYSICIAN	0
		H Vana		2. 3/8 So Ulisian	Due Honz	be Grove
1	73a B	URIAL, CREMATION, REMOVAL	()//	31. NAME OF CEMETERY OR CREMATORY	23d LOCATION	14/2/0
		SPECIFY)	1-18-82	Part lave	CITY OF TOWN	STATE
	24. FL	PEUT (4) INERAL DIRECTOR	1002	IZSO D	ATE REC'D. BY REGISTRAR 25b. REG	STRAP'S SIGNATURE
	1	MM R-100 117	A ADDRE		MAN & O SOCO 2	OTHER SOIGHATURE

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that II the call the same with the call the call the call the there, and there goeth a notice off to the te-X CIM CONTROL X EDWARD C. LOO, M.D. Have de mace; 201.63.100 ZUJ.63.100

write. I/2//1992 - Specific (Ascoped and Crrymon derived arrested Parting Ameral Eres .... abender, in. 2191-3199 marked or Item 18 shows any injury, or other troumatic event, the

IMPORTANT: If Item 21 is

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEPTIEIC ATE OF DEATH

10 CITY OR TOWN OF DEATH	-		REGISTRAR				CERTII	ICATE OF DEA	III	REG. N	10.		
HANNAH ADOXX CARROLL YORK  1 3 SEX FEMALE FE				FIRST		WIDDLE	1	AST	1312	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
SER   Female   White   S. DATE OF BRITH   S. DATE OF BRITISH   S. DATE OF BRITH   S. DATE OF BRITISH   S. DATE OF BRITH			OK PRIMITY	HANNAF	XXXXX	CARROLL	YC	RK	1005		1/27/8	32	8:45 P.
ABBRINGACE LIST CONDITION OF DEATH   NARRED   NEVER MARRED   NEV	7.3	3. SEX	X		_				0.015				1
RETIVILLE, Md.   USA					Whi	te	Mar,	23, 190	O <sup>EAR</sup>	81	YRS.	MONTHS DAYS	HOURS MIN.
In City of town of Death   In Amar of Hospital, Nursing Home of Other Institution   In Inching Home   Inching Ho	25					F WHAT COUNTRY?		4.4					
Havre de Grace Citizens Mursing Home Housewife Housewife Housewife Housewife Housewife Usual Residence on other institutions of the Residence Housewife Housewife Housewife Housewife Usual Residence of the Residence Housewife Housewife Housewife Housewife Island	0	10 CI	TY OR TOWN OF	DEATH			IG HOME C	- Command					MD.  OF BUSINESS OR
No. STATE   No. COLOR   No.	10				Citiz	ens Nursir	ng Hon	ne		Housewife	OF WORKING LI	(FE) INDUSTRY	
Johnson Andrew Lane Burk Addie Isadoore Gordon's   18 Was Deceased Ever In U.S. ARMED FORCES   18 SOCIAL SECURITY NO. 215-18-5338   Mrs. Dorothy Pierce, Joppa, Md.      18 Was Deceased Ever In U.S. ARMED FORCES   18 SOCIAL SECURITY NO. 215-18-5338   Mrs. Dorothy Pierce, Joppa, Md.      18 CAUSE OF DEATH Enter only one course particle (10), ion and PART I.DEATH WAS CAUSED BY PART I.DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.DEATH I.DEA	35	Ma:	ryland	13b_COU	NTY	13c CITY OR TOW				13. 12.16 Moss	ntain	Road	40.4
TEST OF DEATH LENGTH ON THE CAUSE OF DEATH LENGTH ONLY ON THE CAUSE OF DEATH LENGTH ON THE CAUSE OF DUE TO, OR AS A CONSCIUENCE OF DUE TO, OR AS	20	14. FA		Andr	ew La	ne Bürk						Gordon	Té
DUE TO, OR AS ACONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse to, storing the underlying couse lost.  PART 2 OTHER JONNE CAN SO DIT DE ENTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2 OTHER JONNE CAN SO DIT DE ENTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2 OTHER JONNE CAN SO DIT DE ENTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2 OTHER JONNE CAN SO DIT DE ENTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2 OTHER JONNE CAN SO DIT DE ENTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2 OTHER JONNE CAN SO DIT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2 OTHER JONNE CAN SO DIT DISEASE OR CONDITION GIVEN IN PART TO  PART 2 OTHER JONNE CAN SO DIT DISEASE  PART 2 OTHER JONNE CAN SO D	1	(1	ES NO OR UNKNOWN)						othy :			Md.	
OR CONTRIBUTING CARSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. INJURY OCCURRED  While Alwork Alwork 19  21d. PLACE OF INJURY (AT HOME. STREET. FACTORY, OFFICE, EARM-EPCT)  STREET  27c. I certify that (I) (this hospital office ded the deceased from sow the deceased alive on sow the deceased olive on sow the deceased olive on sow (I) (we) (clid) (did not) view be body after dealy)  27b. SIGNATURE  27c. DATE SIGNED  27c. DA	2	TIFICATION	gove rise to incouse (a), stounderlying care	mmediate sting the use lost.	DUE TO,	OR AS A CONSEQUE	ENCE OF DEATH BUT			20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED OF DEATH?
270. I certify that (I) (this hospital offended the deceased from 19 2 and not in (my) (our) opinion death acc (re) on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after dearly)  270. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  120. BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMPTERY OR, CREMATORY  23d. LOCATION COUNT  DEGREE  27c. NAME OF CEMPTERY OR, CREMATORY  27d. DATE COUNT  DEGREE  27d. DATE SIGNED  27d. NAME OF CEMPTERY OR, CREMATORY  27d. LOCATION COUNT  DEGREE  27d. DATE SIGNED  27d. DATE SIGNED  27d. NAME OF CEMPTERY OR, CREMATORY  27d. DATE SIGNED  27d. DA	9		OR CONTRIBUTING	CAUSE OF DEA	ATH HOUR	A.M. MONTH DA	-	21c. HOW INJUR	Y OCCURRI	ED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)	1
276. I certify that (I) (this hospital offerded the deceased from the deceased of the deceased		MEDIC	21d. INJURY OCCU	JRRED	21e PLAC	E OF INJURY				CITY OR TO	OWN	COUNTY	STATE
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMPTERY OR, CREMATORY 23d. LOCATION COUNT BURIAL Jan. 30', 1982 Franklinville Presbyterian Franklinville Parts of DATE 250. DATE 250. DATE REC'D. BY REGISTRAR 250. PROSTRAR SANATORY 250. DATE REC'D. BY REGISTRAR 2			22a. I certify that sow the dece obove, (I) (we	(I) (this hospi	Ja	n. 27 19 5		DEGREE				or and from the	
THE PRESENTE HOWARD K. McComas III 250. DATE REC'D. BY REGISTRAR 25. DIGISTRAR'S VINATURE	1	-	PHYSICIAN'S	NAME (TYPE O	PR PRINT)	100	Mi		1740	do Co	200	, In	d 2/07
THE PRESENTATION OF THE PROPERTY OF THE PROPER				N, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION	-ce	COUNTY	0, 10/2
750 DATE REC'D. BY REGISTRAR 23- P GISTRAR 31- P GISTRAR 3				55.00	Jan.30	,1982 Fran	nkliny	ville Pre	esbyte	erian Frank	linvi		ta-Md.
		7	lowers	ard Ky	me		Abir	ngdon,Md.		REC'D. BY REGISTRAR		TRARS WHAT	Thithen

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT:

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST 2n DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) oam Konala 00 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR Carrie To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED chanon It DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR PERATTON OF WORKING LIFE) INDUSTRY Bek 201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS CROCKER YES 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE .ea 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEQURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 64 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost neumonia

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram\_ ( Vecase anuara sow the deceosed alive an. and that in a opinian death occurred on the date old hour and fram the couses stoted

22d. PHYSICIAN'S NAME (TYPE OR PRINT

obove. (I) (we) (did) (did not) view the body after death

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

22r. DATE SIGNED

NO I

STATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

CR6MATION

22b. SIGNATURE

231. NAME OF CEMETERY OR CREMATORY REEN MOUNT

DEGREE

55N6RA 23d. LOCATION

MOKE

COUNTY

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

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24 FUNERAL DIRECTOR FUNGRAZ ERVICE

23b. DATE

DATE REC'D. BY REGISTRAR 256 REGISTRAR

